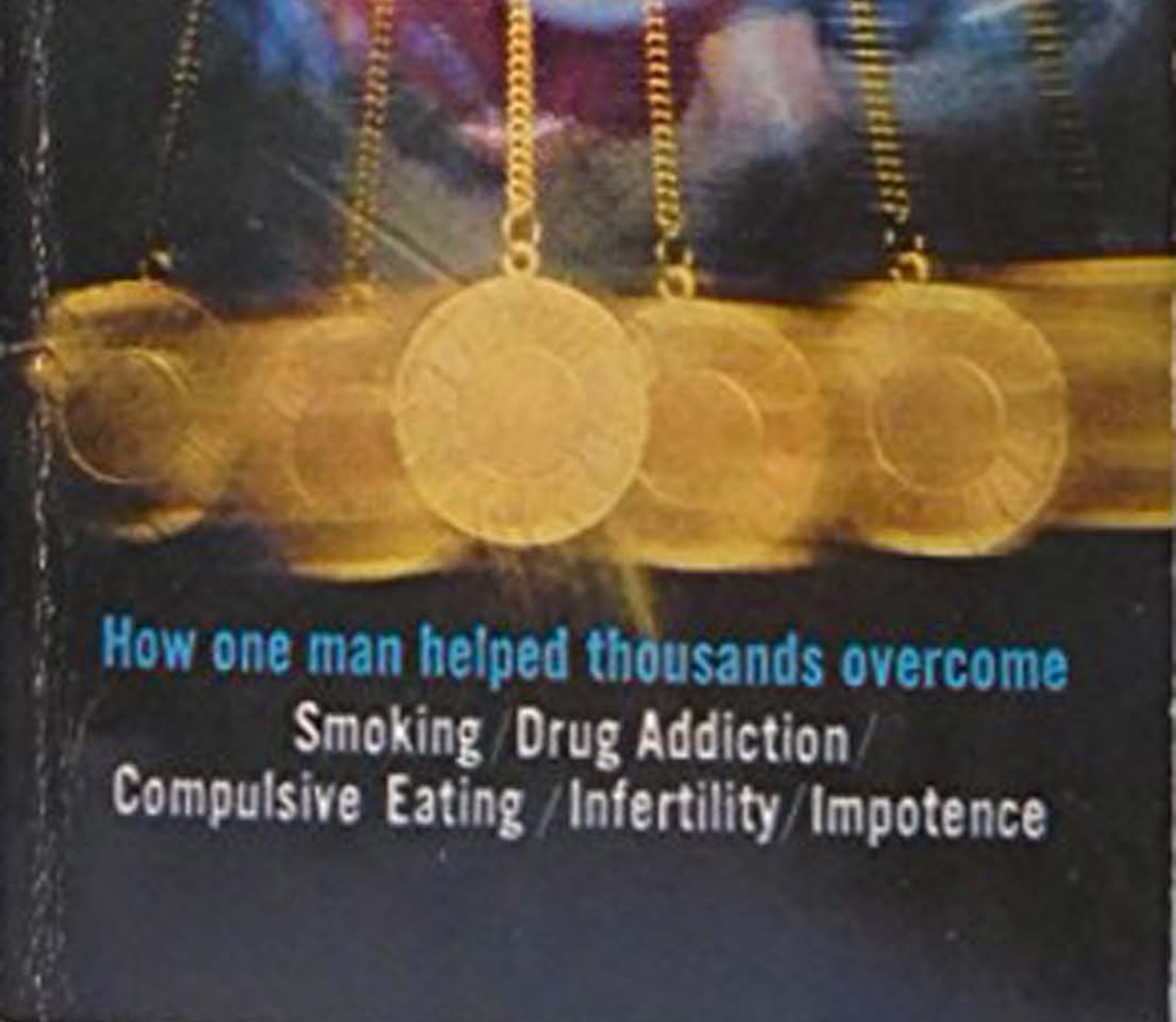
The Intimate CASEBOOK OF A HYPNOTIST

by ARTHUR ELLEN with Dean Jennings

Foreword by David B. Cheek, M.D.



How one man helped thousands overcome

Smoking / Drug Addiction /
Compulsive Eating / Infertility / Impotence

Foreword

THIS IS A CHARMING AND INSTRUCTIVE BOOK. Arthur Ellen has drawn his material from twenty-five years' experience with the many applications of hypnosis. He was teaching people ways of overcoming fear, guilt feelings, and self-destructive attitudes long before he terminated his successful career as a stage hypnotist and entertainer. Fortunately, he is continuing his work as a good coach for the unsure, a good teacher for those willing to learn, and a source of hope for those who are sick and discouraged. He was teaching physicians and dentists how to use hypnosis when hypnosis was a nasty word and before the American Medical Association voted to accept hypnosis as a useful tool in the healing arts.

Those who have watched Mr. Ellen's stage demonstrations will again recognize his humility and tremendous respect for the needs and potentials of the people mentioned in this book. Small wonder there were many volunteers for his defense when he was wrongfully accused of practicing medicine without a license in 1967. Mr. Ellen is certainly not a lay person presuming to practice psychiatry and medicine, as was then alleged. He is a gifted student of psychology and a valuable colleague.

David B. Cheek, M.D.
San Francisco, California
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chapter one

IT WAS AN EERIE, FEARFUL SOUND.

Tick . . . tick . . . tick.

Steady and muted. It was obviously coming from her half-open mouth, but there was no movement in her throat, or on her lips. She was sitting in the waiting room of my Los Angeles office, alternately meshing her fingers and cupping her hands over her ears.

Tick . . . tick . . . tick.

Not like a watch. Like a muffled clock.

"Didn't you hear it, Mr. Ellen?" my receptionist said as she poked her head through the open door of my inner office. "I'm scared."

"There must be some explanation," I said. "Show her in."

The woman walked in and slowly sat down, and I said quickly: "Don't be frightened."

"But you do hear it, don't you?" she asked challengingly.

"Yes," I said. "Would you like to tell me about it?"

Her fingers moved like spider legs, and for a moment she was silent. Listening. Tick . . . tick . . . tick. "It's driving me crazy," she said at last. "I can't sleep. I can't work. I can't do anything."

"How long have you had this?"

"Over three years now."

"What does your doctor say?"

"He couldn't figure it out, and sent me to a neurologist. He went out of his mind looking for the answer. He gave me every kind of test you can think of, and said there was nothing in the books about it. He didn't even have a name for it."

"How did you happen to come here?"

"My doctor said I had nothing to lose," she replied, "if I was willing to try hypnotism."

It was obvious that she knew nothing about hypnotism,

and she was clearly uneasy. Such apprehensions are quite normal with people who have not had hypnotic experiences, and who are trying it as a last resort.

I could see her eyes dart around the softly lighted room, as though she expected to see a crystal ball or a machine that would look like a spinning vortex and that would suck her into its center. I wore no turban. I don't have a pointed beard or piercing black eyes. I even wondered if she were remembering the evil Svengali and his helpless victim, Trilby. That story made a chilling movie, but created misconceptions about legitimate hypnotists who may have had impressionable young girls among their clients.

I could even remember one skittish woman gushing: "Oh, Mr. Ellen . . . I'll bet there are lots of girls you could have when you've got them helpless in a trance."

"Look," I said pointedly, "if I'm going to make love to a girl I want her wide awake And furthermore, madam, no hypnotist can force subjects to do things against their will."

Tick . . . tick . . . tick. The sound seemed to be less audible now, and I began talking softly to the woman in the chair. I told her to close her eyes, and imagine that she was very, very sleepy. "Your arms are getting heavy . . ." I said. "Your head wants to rest on your shoulder. I am going to count very slowly . . . and when I reach the number after five you will be sound asleep. One . . . two . . . three . . . four . . . five. Six. . . ."

Her head rolled to one side in a resigned, reflexive manner, a familiar response which indicated a hypnotic rapport. Her response to other suggestions indicated she was in a hypnotic sleep. It is not the kind of unconscious sleep we have when we go to bed. It is a sort of wakeful sleep. The eyes are closed, the body is limp, and the conscious mind remains aware and alert, but the willingness to act becomes disconnected. However, the subconscious mind is wide awake and hears every word the hypnotist says.

I looked searchingly at my unhappy client, and there was a trace of a smile around her mouth The room was very still, and I sat listening for the ticking sound. It had stopped. I wanted her to realize that she was in a state where she could direct confidences and respond to them, so I raised her right arm and said: "I have lifted your arm, but you will not be able to drop it. You will try very hard, but it will remain there."

A change in her expression showed that she heard me, and I could see her jaws stiffen with determination as her

arm seemed to be pushing an invisible wall. But she could not move, and I said: "Now, when I touch your forehead, you will lower your arm."

I tapped her forehead gently and her arm dropped limply to her lap.

"Now listen carefully," I said. "When you awaken you will feel completely relaxed and well. You will not harbor the tensions that are often responsible for mysterious symptoms. There will be no cause to hear any more ticking sounds. Your doctors have told you there is no organic basis for your trouble. Your tensions will be eased, and you will then accept what the doctors have told you. Do you understand?"

"Yes," she said, "I understand."

"Your mind will give your body an order. Your body will respond, and you will not be able to make these sounds, just as you were unable to drop your arm. The sounds will disappear because you have allowed them to disappear. Now —when I touch your forehead again you will wake up."

My fingertip touched her, and her eyes opened immediately. I waited, noticing her apparent relief, then I asked: "How do you feel?"

"I feel wonderful. I—oh, my God!" she cried out. "The ticking has stopped!"

Tears welled in her eyes, and she clutched my hand. "It's a miracle!" she said. "What did you do?"

"I did nothing. You did it yourself. I merely led you into the subconscious whereby you were able to control a manifestation you couldn't hide in the conscious state. It's like . . . well, like snapping out of a trance you've been in for three years."

We talked for perhaps twenty minutes, and I tried to explain the extraordinary power of the mind over the functions of our bodies. She had been through the whole route—medicine, religion, psychiatry, and psychology, and she admitted she had come to me because there was nothing else left. There was no logical explanation for the ticking sound. One adviser had suspected an ill-fitting denture until he realized the sound continued even when her mouth was closed. Still another thought it might be a muscular contraction or spasm, perhaps in the inner ear.

It is usually frustrating to resort to conscious analytical reasoning. When she realized that her sense of relief about the ticking was giving way to an understandable concern about what had caused it three years back, I suggested that

we wait another week. I wanted to know whether the improvement would last.

The following week she reported the sound was still gone, but now she was worrying that it might come back. "What do you think caused it?" she asked, as though she still wasn't convinced that her emotions were responsible.

I explained to her how hypnosis can effect a recall of apparently forgotten experiences, and because of her respect for what we had already accomplished she said she would be willing to try the process of regression.

This is a real-life counterpart of the kind of time machine you may have seen in a theatrical fantasy. The mind is turned backward to childhood days, and it is remarkable to see what comes up from the deep wells of memory. I have heard middle-aged men and women describing a grammar-school classroom with uncanny accuracy—the number of windows, the clothes worn by the teacher, the things on their desks. If asked to write a line or two, they use the same childish scrawl characteristic of a seven-year-old.

We all know how frustrated we get when we try to find a reason for a condition we cannot understand. The conscious mind flits from one possible cause to another, adding to the confusion and intensifying the symptom because we can't understand it. For example, if we have an infection in a finger from a splinter, there is no possibility of neurosis. The infection is recognized and there is no overconcern to interfere with healing. But if there is an infection and no recognizable cause, then it is quite possible that various types of suspicions may create reactions that interfere with healing. We rub, tear, squeeze, examine with suspicion, worry. Then fear—perhaps shown by sleeplessness—and every other possible manifestation of neurosis come into play.

For those who generally have to "know why," it becomes important to provide answers, as their apprehensions are usually not calmed by casual assurances. I believe that to broadcast the theory "to cure the symptom you must find the cause," complicates the possibility of easy relief for emotionally inspired conditions.

So she was hypnotized again and assured that in this state she would remember the influences that were responsible, understand them, and apply a more adult attitude. She could talk about it if she wished.

White-faced and crying, she relived the sudden death

and funeral of a favorite aunt, and heard her mother saying: "Something went wrong inside her head." Again, not long afterward, there were two more deaths in the family —one from a brain tumor, the other from a stroke. So the destructive thought was planted three times—that people died when something went wrong inside their heads.

As she grew older this fear swelled in her mind like some evil plant. First there were headaches. Then high blood pressure. "Every night I thought my arteries would burst," she sobbed in her trance. Then her eyes would feel tremendous pressure, and she began wearing glasses, though her vision was quite normal.

And suddenly the ticking began.

It was inaudible to her husband at first, and he was convinced she was suffering hallucinations until one day he heard the sound, too. Thus began the dreary, costly cycle of doctors and hospitals and endless sessions with psychoanalysts. But the sounds never stopped.

Now her conscious understanding is what insures her freedom from that effect.

I HAVE BEEN A HYPNOTIST for more than thirty years, and during that time have hypnotized some 150,000 men, women, and children.

There are hundreds of consulting hypnotists in the United States, and since 1958 the American Medical Association has officially approved the use of hypnotism in the treatment of physical and emotional problems.

But the fact is that to many hypnosis still seems to be an evil science, linked with the occult and the supernatural, a sort of witchcraft in which the practitioner uses devilish powers to make slaves of his subjects.

Most people are familiar with the frightening legends of native witch doctors who kill an enemy slowly by sticking pins into a doll figure. This acts as a suggestive curse, and a susceptible victim can be literally brainwashed to death. There have been horror movies about the Haitian zombies —the dead who walk in a cataleptic state induced by satanic masters, and there are hypnotic overtones in the practice of voodooism in the Caribbean islands.

The Balinese still use an ancient form of autohypnosis in their rituals, and centuries ago the Egyptians were known to have slumber rooms where priests influenced them to sleep away various ailments.

The therapeutic value of the hypnotic trance was dis-

covered in 1782 by Dr. Franz Mesmer—he called his science "mesmerism"—but he was branded a charlatan and died in disgrace. The word hypnotism was coined in 1843 by a Scottish physician, Dr. James Braid, and as a reward for his experiments he was accused of conspiring with the Devil. Count Cagliostro practiced mesmerism in Italy and was punished with death in a Roman dungeon.

George Du Maurier's fascinating fantasy in 1894 about the homely Irish girl, Trilby, who was permanently hypnotized by Svengali, proved to be innocently responsible for the most prevalent fears about hypnosis.

Today it seems that most of us are still influenced by the stigma of these mythical distortions. Only recently Mrs. Marjorie Farber testified in New Jersey that she was put into a hypnotic trance to help her lover, Dr. Carl Coppolino, strangle her husband, Colonel William Farber. The jury, fortunately for the healthy future of this science, refused to be taken in by this charge and Dr. Coppolino was acquitted, although he was later found guilty of murdering his wife in Florida.

Even practitioners of hypnosis today, those who have been exposed to its benefits and have looked for an education in its principles, have had no formally outlined courses to follow. The universities had not offered courses and still do not. The lay hypnotists have been the only source of this education. They began to teach the doctors. More recently, individual doctors have offered seminars which generally leave the student with a very meager understanding.

These "quickie" courses, often presented in Las Vegas hotels in a single day or weekend, are the general source of the education in hypnosis for most of the doctors and dentists who use it. As a result many "experts" are neither really aware of the principles of importance nor of the limitations of this science.

The evidence of this fact was indicated in California where a jury convicted a dentist accused of taking sexual liberties with nine young girls while they were hypnotized in his office chair. Public ignorance of the limitations of hypnosis was obvious in this case, because he could not have committed these crimes without the conscious knowledge of his victims. One would surely believe that a doctor or dentist who used hypnosis would know that the conscious mind of his subject would be aware of what was taking place in the trance state and that he would certainly

be exposed. This doctor had his understanding broadened the hard way.

Now is the time to dispel the hocus-pocus concepts and to state the facts. My beliefs, based on my personal experience in thousands of cases, are:

1. 80 per cent of the patients in our huge hospitals do not belong there and could be helped by experts in hypnosis.
2. Hypnosis is quicker, less expensive, and far more effective than psychoanaylsis or psychology.
3. It serves to quickly uncover suppressed memories of experiences which are responsible for many problems.
4. Acceptance of positive suggestions can cure conditions which negative suggestions caused.
5. Almost anyone can be hypnotized.

It is surprising how few people realize that we are confronted with some form of hypnosis every day of our lives.

It has been asserted that in many churches the Cross is an eye-fixation point in the center of the altar. It is usually shiny, and with the clergyman off at one side droning prayers, it is a successful approach toward an attentive congregation, and creates a trance state. When one hypnotist explained this to a California clergyman, the cleric said happily: "I'm relieved to learn that my parishioners are in a trance. I always thought they were asleep."

Engrossed in a book, the evening paper, or a movie on television, we are often literally in a trance and have no realization of any of the many other activities going on around us. "The roof might have fallen in and you'd never even know it!" we often hear someone complain.

Then there is the television commercial with its animated cartoon of the human stomach churning with indigestion, and even as the announcer mentions the medication that will cure a bellyache some people start feeling queasy. Indeed, if all the graphic headaches, backaches, colds, stomach disorders, running noses, and other discomforts were eliminated from TV commercials, we would all be a lot healthier. Portray the condition and many will adopt it.

You see an enlarged picture of a luscious steak in a magazine ad, and your mouth starts watering. You may find your appetite influenced by the suggestive message.

Political rallies staged with blinding floodlights, rippling flags, blaring bands, microphone amplifying reverberating

slogans—this is mass hypnosis, practiced by experts in the art of implanting suggestion.

You have seen travelogues showing Indian fakirs lying on their beds of nails and walking on hot coals without evidence of an iota of discomfort. I have trained myself to bypass pain, and often, to prove a point, grind out lighted cigarettes in the palm of my hand, feeling no pain and without blistering.

While we become more aware of the wonders of hypnotic phenomena, perhaps we should know what hypnosis cannot accomplish.

It will not mend a broken leg, a worn-out kidney, a cancer, a diseased heart, or cure any other organic ailment. However, it can influence one to live more comfortably with each of these organic conditions.

It will not create a talent which is not inherent or learned.

It cannot effect levitation, or cause any material object to "float" through the air.

It cannot produce clairvoyance.

As we become more familiar with the practical applications of hypnotism we will more clearly realize that you cannot be left in a hypnotic state by mistake or by accident.

You will not accept or comply with suggestions that have negative connotations.

You will not acquire a substitute problem for the one you get rid of.

You cannot be hypnotized into committing a crime unless, of course, you are a criminal and plan to consciously use the hypnotist's suggestion as an alibi.

But when we consider functional conditions, hypnotism offers dramatic relief. Anxiety, tension, assorted fears, stammering, various types of back troubles, skin rashes, allergies, self-consciousness, fatigue, amnesia, insomnia, and many others, often respond readily.

Many compulsive habits like smoking, drinking, gambling, overeating, stealing, and drug addiction can be licked, too. Some personalities respond immediately, others offer resistances, even though hypnotized. An adept hypnotherapist should have the insight to recognize the basis for resistance and to resolve it.

A young girl was immobilized, and confined to a wheelchair for ten years. Could you possibly imagine her getting up and walking away from that wheelchair after a single session of hypnotherapy?

Can you believe a college senior was unable to reach out and pick up $100,000—which she could have kept—because I told her a week earlier she would be unable to get out of a chair only four feet away from the money?

Could anything be more startling than to watch a man grimly reenact the strangling of his wife, though he had no conscious recollection of committing the crime? I helped him snap out of his amnesia in a Fresno, California, jail—and the repressed story, discussed in the judge's chambers, may have been the factor which kept him from the gas chamber.

So—this is a book about people in trouble.

It is a book about the great shortstop Maury Wills, who thought he would never play baseball again. About Tony Curtis, whose picture career was threatened because of his intense fear of flying. About a then unknown Johnny Mathis, who had a paralyzing fear of audiences—and many other celebrities. It is a book about all people. The teacher who wasted years of his life on crutches; the young man who suffered acutely from asthma because he could not remember he had been told to stay away from animals; and the woman who became a grotesque humpback because of a thoughtless remark she overheard when she was a little girl.

It is a book about you, because most of us have problems we can't seem to solve, though conscious reason makes us realize there must be a solution.

Dr. Lowell S. Selling, author of an intriguing study on the mental woes of mankind, once said:

> The layman does not care whether his physician is licensed, whether he is a legitimately trained practitioner of medicine, whether he has any standing with the medical profession—all he wants is to be cured. If he has an ache or a pain, the man who can make him get rid of it, or at least forget it, is the man for him.

I am not a doctor, or a magician, or a faith healer with a new approach. I can only offer a better understanding of the principles of this neglected but proven science.

ALL WE ASK IS TO BE CURED.

chapter two

I AM REMINDED OF THE STORY about the sick man who went to a psychiatrist.

"Every morning," the doctor said, "repeat this to yourself: 'Every day in every way I am getting better and better.' It will work wonders for you."

The patient returned to the office some weeks later and the doctor asked: "Well, how are you now?"

"I did just what you said, Doc. I said to myself: 'Every day in every way I am getting better and better.' I said it a hundred times. In fact, every day I was getting better and better—but at night did I feel lousy!"

My father was in the clothing business, and he adopted and preached the theories of Dr. Émile Coué, the French psychologist who made the "every day in every way" phrase a national byword during his visit to the United States in 1923.

I was a child then, and as I went through elementary school and then into James Monroe High School, in the Bronx section of New York, my father often talked to me about the power of self-belief, about Coué, Mesmer, and Jean Charcot.

In the twenties, as in earlier decades, hypnosis was viewed with suspicion, and it is doubtful that there were any hypnotists offering consultation services.

But there were stage hypnotists, and, as Joe Laurie, Jr., said in his formidable history of vaudeville: "Most of them were real bad. Vaude," he added, "especially small-time vaude, was just lousy with lousy hypnotists."

One of these pioneers even called himself "The Modern Svengali," and used a girl assistant who, supposedly hypnotized, would play any tune on a piano by what he called "hypnotic thought control."

In those days every theatrical booker knew that stage hypnotists were using confederates planted in the audience, but many acts folded because of the overhead. In small-

town theaters, for instance, the hypnotist had to hire two sets of stooges because many in the audience would stay for two shows.

When I was in show business myself, I discovered that some "abracadabra artists," as Laurie labeled them, were just as deceptive as their predecessors half a century ago.

My wife and I attended a performance in Honolulu offered by an Australian hypnotist who shall remain nameless. We stayed for two shows and noticed that most of his subjects not only participated in both shows, but that they had Australian accents.

A few days later, when the show closed, one of those subjects came to my room at the Park West Hotel, where I was then appearing, and inquired about a job.

"What kind of job?" I asked.

"Oh, you know—plant me in the audience and when you ask for volunteers I come on stage and do whatever you tell me to."

"Did you get fired?" I asked.

"No," he explained. "The act is going back to Australia and I'd rather go to the States with you for less money."

When I told him I never used assistants or prepared subjects he left muttering his disbelief.

On another occasion I attended a performance in a theater in New Orleans. The "swami" had about ten youngsters, boys and girls, cavorting around the stage barking like dogs, doing wild dances, and responding to bad-taste suggestions without control, it seemed. The "hypnosis" was accomplished when the hypnotist, carrying a crystal ball, walked amongst the volunteers on stage. Several did not respond and were ordered backstage, where they were confined until the show was over. The reason they did not respond was that they were not inclined to follow the instructions on a card implanted in the crystal ball, which read:

CLOSE YOUR EYES
OBEY INSTRUCTIONS
DON'T RUIN THE ACT.

In Kansas City, a performance of remotely controlled hypnosis aroused general skepticism. A young lady was placed on stage in a theater and was hypnotized by radio from a nearby broadcast station. But this may have been a legitimate demonstration of posthypnotic conditioning.

I had a similar experience on Election Day in November

1966. I received a call from a young secretary for one of the major Los Angeles aircraft companies who said she needed help immediately.

"What's the problem?" I asked.

"Well . . ." she said, "it's Election Day and I'm very anxious to vote."

"That doesn't sound very difficult."

"I know," she said. "But the fact is I haven't voted for several years. I get in an absolute panic when there are people around and I have to sign my name. My hands start shaking and I go all to pieces."

"Can you come to my office?" I asked.

"I can't come until this evening and then it will be too late to vote."

I told her to go to an empty office, or to a phone booth where she would not be interrupted, and I would try to help. When she called back I told her to close her eyes and concentrate on my voice. She was seated in a phone booth; I told her to lean back against the wall. I gave her instructions on how to focus her total attention on my suggestions.

"Your eyes are closed. . . ." I said. "You are feeling very sleepy."

"Yes . . . very sleepy. . . ." she whispered.

"Try to open your eyes . . . but you cannot do it."

"I am trying. . . ." she said. "But I can't . . . I can't. . . ."

Her response was quick and I wasted no time in preliminaries.

I told her that she would develop a confidence in her ability to relax and that she would lose her sensitivity about her experienced confusions when she had had to sign her name in the presence of others in the past.

"How do you feel?" I asked.

"Relaxed," she replied. "So . . . relaxed. I'm not shaking."

"When I count to five, you will awaken."

I counted slowly, and after "five" she said: "I never was this relaxed in my life. I feel like I'm really going to vote after all."

I asked her to report the results.

That evening she called me at home and her voice was electric with excitement. She described how she had driven to the polling place after work—it was in a private home near her apartment—and had signed the register with no evidence of the tremor she had experienced so many times before.

She had talked to the women on duty there about the various candidates, and then went home feeling relaxed.

Subsequently, she wanted a clue to the origin of the problem that had plagued her for some four years. In my office, regressed to an earlier point in time, we found the answer. It seems she and her husband had quarreled about a piece of property which he thought was a bad investment. But she had insisted on the purchase and had signed the agreement. The deal went wrong, and they suffered a considerable financial loss.

She was not consciously aware of the impact of the bad decision she had made, but her subconscious mind remembered and produced symptoms of indecision whenever she had to sign her name in the future—thus the tremors.

I knew nothing about this kind of phenomenon when I was going to high school, of course, and my father would have scoffed at the radio-hypnosis stunt or any other stage hypnotist. But he did see the possibilities of hypnotism as a healing art, and he told us over and over his conviction that most of our illnesses were caused by emotional disturbances.

Without realizing exactly what he was doing, he was using the power of suggestion to keep the whole family healthy, and his thesis was a quotation I later traced to Mark Twain: "I am an old man and have known a great many troubles—most of which never happened."

I was sixteen, and working after school in my father's clothes-cutting loft, when he began urging me to train my mind as well as my fingers.

I did not need any prodding.

I was already intrigued by the mysteries of hypnotism, and I spent evenings and weekends stuffing my mind with everything I could find on the subject. Most of the available literature was like a comedian's double-talk to me—crammed with scientific terms and meaningless to anyone but a Professor Einstein. No two sources ever seemed to agree on a definition of the word, and I'm not sure they do today.

One encyclopedia calls hypnosis a "unique, complex form of unusual but normal behavior." Webster's calls it a "state that resembles normal sleep." Brewer's Dictionary says hypnotism is "the art of producing trance-sleep." Charcot said it was a mere symptom of hysteria. Pavlov thought sleep and hypnosis were one and the same.

I think of hypnosis as a state wherein the conscious mind contacts the subconscious mind.

At the time I became engrossed in the subject, there were no study courses available to potential students, and even practicing hypnotists had many different methods of inducing a trance.

One system—which was unfortunately borrowed from the ruthless methods of the now outmoded "third degree" —involved a spotlight aimed at the subject's eyes while he was being grilled. One authority who applied the same principle to hypnotism said that a bright light or shiny object was to be placed "somewhere above the line of sight, at so short a distance as to produce pain." The subject was naturally soon willing to shut his eyes and retreat into a comfortable trance.

Others dangled a silver watch on a chain, swinging it like a pendulum until the trance effect was achieved. Crystal balls, mirrors, and candles were used—again drawing the subject's gaze. No wonder the public began talking about the "evil eye" of hypnotism! Others used dreamlike music, and a popular device was a metronome, going tick-tock . . . tick-tock . . . until the subject's senses were lulled.

There were also those who, if the subject proved stubborn, pressed on the carotid glands and the carotid arteries in the neck. This dangerous technique, known to experts in karate, judo, and other deadly oriental combat arts, causes an immediate blackout. It puts the subject to sleep, all right, but it can kill him, too.

The fact is that none of these gimmicks are necessary.

The hypnotist, as I said earlier, has no magical powers at all. The real magic lies within the subject's mind, and the hypnotist merely serves to bring it out and make it work. When a person's mind is not receptive to suggestion —no hypnotist can get results.

Psychotics, for instance, are not hypnotizable.

I remember one afternoon in 1948, when I was invited to lecture to the staff of the Brooklyn State Hospital in New York. At their request I tried to hypnotize eight psychotic patients. After a long and intense session I was able to get a response from only one. The effect was slight but apparently enough for one psychiatrist on the staff to feel encouraged about a possible brighter future for his patient.

I subsequently told my father about this experiment. He was not exactly sold on doctors, and he said: "Who knows who's crazy, anyway? Remember what Voltaire wrote: 'Doctors pour drugs of which they know little, to cure dis-

eases of which they know less, into people of whom they know nothing.' "

"Meaning what?" I asked.

"Meaning that there's more in a human individual's mind than anyone can understand."

How right he was.

I was more determined than ever to learn the mysteries of hypnotism and I began practicing at school with anyone willing to try. My first subject was a boy named Ted Adams, and we were both on the track team. I was the city broad-jump champion at the time, but Ted kept insisting that his specialty, the high jump, required more grace, coordination, and timing.

I was piqued, of course, and when he agreed to let me try hypnosis on him I was astounded and a little frightened when he quickly succumbed. But I told him, as he sat limply in a locker-room chair, that broad jumping called for more skill than any other event on the track program, and that he would not argue about that from then on.

When I brought him out of his brief sleep he refused to believe he had been hypnotized—I later discovered this was a common reaction—but at a team meeting the next day he suddenly began telling the other boys, who had witnessed the induction, about my great ability in the broad jump.

Inevitably, because all of us began gabbing about my experiment, I was summoned to the principal's office.

He said, "I hear a silly story going around that you hypnotized Ted Adams. Did you?"

"I'm sorry, sir," I said. "Yes, sir, I did."

He looked at me as though I had just crawled out of the woodwork. "Boy!" he snapped, "this is a public high school, not a haunted house."

"Yes, sir."

"No student in my school is going around playing God," he said, "and if this ever happens again, you'll be expelled!!"

I got the message, and I never did it at school again.

The principal's reaction was typical of the times and thereafter experiments were confined to friends and relatives at home. When I finished high school I intended to enroll at City College of New York, but I couldn't give up my daytime job. These were the days of the Great Depression. I eventually enrolled to take the evening psychology courses at the New School of Social Research.

I practiced on both my parents, two brothers, three sis-

ters, innumerable aunts, uncles, and cousins. Then I met a very pretty girl, Pearl Solomon, who had moved with her family from Seattle to New York.

One or two rival suitors later must have felt I spirited her away from them. If that were true—and of course it was not—it would give her the world record for the longest trance known to this science. We have been married some twenty-five years now, and she shows no signs of coming out of it.

I have often been asked: *How do you do it?*

And I have to answer: "Intense interest! Dedicated belief! Positive projection! The rest depends on the subject."

Many indoctrinated newspaper reporters—and there is no one more skeptical than a newspaperman—have written reports in which they say I have a "gift" for this science. Others have mentioned my intense and sincere interest in people and their problems. A few lyrical writers have talked about my "glowing hypnotic eyes" and my "low, soporific voice."

I find it difficult to look at myself objectively and evaluate these appraisals.

I only know that from the beginning, at gatherings, lodge meetings, PTA and other related functions, which were becoming a fruitful market for my talent, I was usually successful in having people achieve the trance state rapidly.

During those early days, of course, I was uneasy about complying with requests for the solution of personal problems. At that time I was an entertainer, nothing more, but there were occasional situations when I could help and I would have felt guilty if I had refused. I remember the woman, for example, who was so much overweight that she realized it was the reason for her husband's flagrant philandering with other women. She vowed that she would follow the diet her doctor prescribed—but the compulsion to overeat was stronger than her conscious determination.

She came to me in this crisis, and in the relaxation of hypnosis she listened eagerly. I told her that she would free herself of the fear that she would lose her husband, that she would lose the urge to eat excessively, and that it would be effortless and pleasant to conform to her diet.

I saw her several times, and eventually in a subconscious state she recalled that her parents had treated her with absolute indifference while they constantly fussed over a newborn infant brother. She recalled how, to keep from crying, she would munch on cookies, or whatever else she

could find. Lacking love and attention, she attained a substitute pleasure from eating. Later, when she married and thought her husband was not as romantic or attentive as he was during the honeymoon, her compulsion to overeat became more acute.

When she finally understood the basic cause and could clearly see that the abuses during childhood were not deliberate she began to lose weight quickly.

Months later she phoned in a panic.

"Mr. Ellen!" she cried. "You have got to put me back to the way I was!"

"What's the trouble?"

"Well . . ." she said, "I lost ninety-three pounds! And since I got so slim and got all those new clothes, some of my husband's friends are showering me with attention and he's mad with jealousy."

"Good!" I exclaimed.

"No, it isn't good. He's getting impossible to live with. I think you had better help me put the weight back on."

I laughed and said, "I'm not willing to interfere with the good you've done for yourself. Perhaps you should send your husband over to discuss his problem so that he can learn to overcome his jealousy."

"That's a better idea," she agreed. "I'll talk to him!"

I've never heard from either of them since then. I can only assume that they were able to work out their little personal problem together.

In 1948 Harry Mandell, the boxing promoter, arranged a public-service appearance for me at the Fort Jay Army Hospital at Governor's Island, New York. It was a delight to use subjects who could benefit from relaxation. The hospital staff was present and I was proud to expound the therapeutic values of my "act."

After the entertainment we had coffee and sandwiches. I was seated alongside Dr. A, who introduced himself as head of the psychiatric staff of the hospital. He asked if I would be interested in using hypnosis on a sailor who, suffering from amnesia, had been brought there by the Military Police.

"I'd be glad to," I said.

"I'll send for him," he said. "He has been here for eight days and we can't seem to reach him. We're hoping to help him to remember."

We went into one of the hospital offices, and a nurse entered with a good-looking young man. Dr. A introduced us.

After I had asked him a few questions, I realized that he was clear about events of the past week but remembered nothing beyond.

I motioned for Dr. A and Harry Mandell to move to the side of the room, out of visual range. I faced the patient, captured his attention, and he responded to suggested instruction. I started counting and when I reached number eight or nine, his eyelids drooped heavily, then closed.

"You feel completely relaxed now?" I asked.

"Yes, I do," he said.

"Try to open your eyes," I ordered.

"I can't," he said after a few futile attempts.

"What is your name?"

"William Bridges," he said without hesitation.

"Who are your parents?"

"My father is William Bridges, Senior, and he lives in Chicago, Illinois; my mother's name is Alice."

"Now, Bill," I said, "you are going into a deep sleep, and it will be a plesant feeling. You are with good friends here, and I want you to remember what you were doing when the MP's picked you up eight days ago."

He was silent for a moment, fists clenched and his lips moving inaudibly. Then, as though a dark curtain had suddenly lifted, he began talking in short, jerky sentences. He said he had been in a bar, had quarreled with the bartender because he was drunk and had been refused another drink, and he then reeled out into the street. A block away three men dragged him into a doorway and held a knife to his belly.

He was wearing a money belt and when they grabbed it he yelled: "Don't take that! Don't take that!"

"How much money was there, Bill?" I asked.

"Only a few bucks," he said. "But it wasn't the money . . . the watch!!" He started gasping as though he was reliving the tormenting experience.

"What watch?" I prodded.

"They're taking the watch I gave my wife for her birthday. . . . While I was overseas she got an annulment . . . she sent the watch back . . . I still love her . . . I'm hoping she'll take me back . . . and I planned to give her the watch again."

It was apparent that amnesia enveloped him the moment the watch was stolen because it represented the last link with his former wife.

I said softly: "In a few moments you will awaken. When

your eyes open you will be aware of every detail that was remembered before the experience you have just described. You will have a sharp insight to the facts which led to the 'mild' shock you suffered. You will be aware that your wife may, or may not be willing to reconcile, and that clear understanding will help you adjust yourself to emotional situations in the future.

Then I woke him. He answered to his name, described his ship, and recounted every minute detail of his "amnesic" experience.

Dr. A said: "I guess we can get you back to your ship, Bill."

Bill nodded and said: "Thanks so much."

Amnesia is often emotionally developed as a means of escape. The conscious mind tends to reject memories of painful events, but these apparently forgotten memories remain indelibly imbedded in the subconscious.

Everyone has suffered physical pain at some time or other, but the sensation of pain is not remembered. We also tend to forget the names of persons we dislike, or an appointment we want to avoid. These are some of the minor phases of amnesia, but a major attack can occur when, for instance, a man finds life unbearable with his wife or his job or, perhaps, the state of his health.

In his anxiety to run away from the pressure—whatever it is—he forgets his name and address or most anything else that ties him to his prison. It is not just coincidence that many amnesiacs are found without wallets, clothing labels, or any other kind of identification. They don't want to know who they are.

Hypnosis becomes the private detective that breaks down conscious resistance in these acute cases, and digs up the buried truth.

In Denver, one evening before a scheduled concert, the pianist Liberace attended my performance at the Park Lane Hotel. His brother, George, and his manager, Seymour Heller, were with him.

Heller passed up a note prompting me to make one of my subjects imagine that he was Liberace. So I told one man that when he opened his eyes he would head for the piano, dismiss the pianist (who was a member of Mike DiSalle's orchestra), flip his imaginary coattails, seat himself on the bench, and play with a grandoise flair. "You are Liberace," I assured him.

Eyes now open—up he rose, spotted the piano, resented

the occupant at the piano, faced him and pointed to the exit, flipped his "tails," sat down, raised his arms, cracked his knuckles flamboyantly, then plopped his fingers on the keyboard, producing the loudest discordant sounds ever heard there.

Later, as we sat and talked, Liberace revealed a sensitivity which he experienced each time he reached a certain measure in one particular Paderewski composition.

"In that spot, instead of playing the written notes, I play one note wrong, compulsively," he said. "No one can tell but me. The note I substitute is harmonious, but it bothers me to recognize the impulse and find that I can't control it."

He could have avoided his problem simply by keeping the Paderewski number off his repertoire, but he was a perfectionist and wanted to know the reason.

I hypnotized him in my room at the Park Lane, and regressed him to boyhood when he was taking piano lessons. He had a strict teacher who scolded him for muffing the notes on that concerto, and who predicted he would be a professional flop unless he could conquer memory lapses on selections he didn't like.

Consequently, he stumbled over the passage again and again, and finally quit trying.

But that afternoon under hypnosis, while George listened, he played it perfectly, and we later talked it out. He went through the concert without a hitch, and I heard one of his own group in the audience whispering: "Hey, he did it!"

I also recall the case of a wealthy woman in New York who had lost an expensive diamond ring. She had hidden it somewhere in her home, and her husband, who said they had searched every corner of the house, offered me $500 if I could help her find it.

After she was prepared for regression I asked her to retrace every move she had made with the ring.

"I came down from the bedroom . . . " she started. "We were going to take a long trip . . . I looked around the living room . . . I went into the kitchen . . . down the stairs to the basement . . . there was a little ladder . . . I set it against the wall and reached up to a corner where some beams came together . . . I put the ring there . . . put the ladder away . . . and came back upstairs."

Then I woke her.

"Of course!" she exclaimed. "Now I remember. The rafters in the basement!"

She and her husband hurried home and I assume she found the ring.

What about the $500 reward her husband had promised? Perhaps he suffers from amnesia, too.

I never heard from them again.

chapter three

ONE OF MY NEIGHBORS in Northridge, California, once asked me if hypnosis were really effective for breaking the smoking habit.

"It helps," I said.

"Do any of them ever quit?"

"Most of them do . . . some don't," I replied.

"Well . . ." he remarked, "every time I pick up the *Reader's Digest* there's another article about the dangers of smoking. Lung cancer, heart trouble, emphysema. I smoke three packs a day, and all that stuff's beginning to scare the hell out of me."

"What did you decide to do about it?" I asked.

"Cancel my subscription," he said.

AND THAT SEEMS to be the general attitude. We all want to be rid of troublesome compulsions, but too few of us are willing to make any sacrifices or concessions, or even be inconvenienced.

Way back in 1650, Dr. Thomas Browne, the celebrated English physician, said: "We all labor against our own cure, for death is the cure of all diseases."

We all labor against our own cure.

It was quite frustating to know that hypnotherapy could dispose of most of our compulsions, and to realize that when I tried to teach this belief very few could muster confidence in a method which was then still considered the work of charlatans and quacks. Interesting entertainment—yes. But as a practical therapy—hardly!

So when Charlie Peterson, the New York theatrical book-

ing agent, asked if I felt I were ready for show business, I was taken by surprise. Nightclubs—theaters—travel!!

"Just offer me a booking and we'll see," I answered.

"You're booked as of right now!" he said, grabbing my hand.

"What! Where?"

"Well . . ." he said hesitantly, "it's not exactly the Palace. It's a place in Utica called Jerry Marsh's Supper Club and the magician appearing in the joint is sick. It's only for three days, and it'll be a good opportunity for you to get the feel of nightclubs." As an afterthought, he consoled me with: "Don't worry—if you die there, nobody will ever know it!"

I was not an actor, certainly, and I had no clever line of patter. I was not going to wear a turban or use props. But the opportunity of working with subjects every night and getting paid for it was exciting!

When I reached Utica and tracked down Jerry Marsh's Supper Club on a side street, I almost needed a microscope to find the marquee. But my name was on it!

"World famous—fabulous—incomparable Arthur Ellen." Big as typewriter print! But my mind magnified it and I was beaming with pride. "World famous—fabulous—incomparable." What a big impression that made on me. It was an exhilirating moment, and I went to the dressing room and slipped into my rented tuxedo.

At nine o'clock an employee stuck his head inside my door and said: "Show time, Fabulous."

I walked out, knees trembling, and blinked at the spotlight over one corner of the tiny stage. It blinded me momentarily, but when I turned away from it and gazed down at the audience there wasn't anyone there. Well, yes. There was one man, leaning over the bar, and I called to him: "Where is everybody?"

"I dunno, Mister," he said.

"Maybe there's a quarantine sign outside," I said.

"Hey—that's very funny," he said.

I came down off the stage, and I looked him in the eyes. "Don't worry," I said, "You'll have a good rest, then. You look sleepy . . . you're very tired . . . you can't keep your eyes open. . . ."

He stared back at me, and suddenly he was "out"!

"Now, my friend," I said softly, "you will go out into the street . . . and wherever you see people you will tell them there's a great show here tonight."

"Yes, sir," he nodded.

"I want at least fifteen," I said. "Go out and get them." I snapped my fingers. "Wake up." His eyes opened.

He shambled out like a zombie and the confused bartender kept polishing glasses, acting as though this had happened a thousand times before, and I glanced at my watch.

In about twenty minutes we heard voices, and in came my hypnotized Moses, leading the people. They took their seats, and the show went on. I must confess—since this was my first nightclub performance—that I was preoccupied with how to make a quick getaway if I did not succeed. Others were being seated, the room was beginning to fill up. My induction was rapid. I worked with seven subjects who were huddled closely on the miniature stage. One was playing an imaginary piano, another sang operatic arias although—as he admitted later—he had never even sung in the bathtub before. Another was rendered stiff as a plank. I laid him across two chairs, and sat on his thighs. This is a standard "bit," used to demonstrate the depth of catalepsy. It has the effect of establishing authenticity, despite the controversial opinions about the good taste of the "experiment." I held an apple beneath another subject's nose, told him it was a cut onion, and by suggestion his tears began to flow.

The Eddie Long Trio accompanied my act, improvising the music for the hypnotic subjects. They seemed to enjoy it all and I knew I was "in."

I have long since become accustomed to applause, but the sounds of approval that night were sounds I will never forget. I played Jerry Marsh's Supper Club in Utica for ten nights instead of three. And for the next twenty years—forty weeks a year—I performed throughout the United States, Canada, Puerto Rico, Hawaii, and Japan.

During these busy, exciting days, my experiences on stage and more recently at my office, have helped me reach many conclusions which are beyond speculation and which are confirmed by my records:

Anxiety, tensions, insomnia, asthma, migraine headaches, excessive fatigue, and similiar problems of nervous origin are often all the result of a sort of self-hypnosis.

Thoughtless remarks made to children by their parents or others can cause a lifetime of suffering.

Many who are emotionally confined to wheelchairs, use crutches or canes, or simply can't get out of bed have unconsciously hypnotized themselves into retreat. Some are resigned to the belief that they can never get well.

Others are resigned because they were advised to "learn to live with it."

Fear kills or disables more people than all the organic diseases combined.

Positive suggestions, deeply planted in the subconscious mind, can work better for an emotional condition than all the prayers, doctors, drugs, and psychoanalysts put together.

My most unforgettable encounter with the remarkable power of hypnotic suggestion came during the early years in my show business career while I was appearing at the Monte Carlo Club in Pittsburgh.

It was Saturday night—my last performance there before moving on to New York—and when I called for volunteers from the audience there was the usual scramble for the seats set on the stage.

As they came down the aisle I was appalled to see a man carrying a crippled girl in his arms. Her thin body was wrapped in a shabby coat, her arms and legs dangled like those on a rag doll. I had a queasy feeling.

"I'm sorry sir," I whispered to him. "This show is only for entertainment. I'm not a doctor."

He had already propped the girl on a chair, and started to walk away. "Oh . . ." he said. "I thought . . . well, you see . . . she has a year to go in high school and she wants to quit. She's lost all interest. Please . . . just tell her it's important not to give up now . . . with only a year more. Her name is Eunice, Mr. Ellen. Eunice Kinzer."

The audience had heard the conversation through the stage microphones. So as not to seem inconsiderate, I proceeded with the usual show using my receptive volunteers, but passed by the huddled girl whose appearance was incongruous with the general situation. But when again I came to this pitiful creature, huddled in her seat, I realized that I could not ignore her.

I asked her to close her eyes and concentrate on what I was saying, and that she would fall asleep and hear everything I said.

Her head dropped forward slowly. "Eunice," I said, "it is very important for you to finish your education. You will be proud to graduate with the friends you've gone through school with. Your knowledge will be of great value as you get older."

"But I can't walk . . ." she said. "I can't move . . . I can't do anything."

"You know something, Eunice," I said. "I think you can move your leg."

I don't know why I said it. The words just popped out impulsively. This was not the place for such an experiment. But even as I spoke there was quivering movement in her left leg, and it came six inches off the floor as though someone had pulled it up with a string.

Suddenly there was a wild scream from the back of the room, then another. I could sense a stirring in the audience, then an increased murmuring, and the girl's father, John Kinzer, bounded up the stairs to the stage.

"My God!" he gasped. "She hasn't moved a muscle in years!"

A hush fell over the room, and I spoke to her again.

"Eunice—raise your right hand."

The shriveled hand slowly left her lap, and the screams began again. "Mr. Kinzer," I said, "I don't know what is happening here. I don't know anything about you or your daughter, but this isn't the time or place for anything more. I'm going to wake her now, and please carry her off the stage. I'll speak with you after the show."

I roused Eunice and her father carried her out while I continued my performance. We talked for an hour that evening, the Kinzers and I, and I learned for the first time that Eunice was known to the press as "the miracle girl," and that apparently her case history was unique in the medical records of Pittsburgh.

She had developed a malignant brain tumor and by the time she was eight she had beaten all the known odds by surviving a series of seven brain operations. She had life—but not much else. She was now seventeen, and had been imprisoned in a wheelchair all those years, unable to move hand or foot. Her parents had long since gone through their savings, and the doctors had said there was nothing more they could do for her. Carted to school and back all of her limited life!

I promised I would keep in touch. The Kinzers went back to their home in Glenshaw, a Pittsburgh suburb.

The next morning I was stunned to read newspaper reports which implied that the entire episode at the Monte Carlo Club was a hoax, and that I was the villain behind it. My first impulse was to get an attorney and either get an apology or file a libel suit. But after I cooled off I realized that a legal fuss wouldn't help me or the club I appeared in, and might embarrass the Kinzers. I invited the Kinzers to come to New

York at my expense. They brought along a copy of Eunice's case history.

When they checked in several days later, I invited Dr. Louis Giskan, an MD with whom I had worked before, to attend with a colleague. They examined her case history and were eager to witness her response to hypnotherapy. I was still disturbed about the newspaper reports in Pittsburgh, and if again Eunice moved a hand or a foot, I wanted supporting evidence for my own protection. Over twenty members of the New York press were present.

The hypnotic rapport was effected. I told her that I was convinced she would be able to make the long dead muscles come to life.

"When I touch your forehead," I said, "you will open your eyes. You will understand that there must have been emotional reasons for your inability to walk or you would not have been able to move that night in Pittsburgh."

I placed my forefinger against her brow, and her eyes opened, but she seemed to be looking over our heads.

"Eunice, I want you to stand up."

She planted both feet on the ground, raised herself slowly from the chair and stood there, swaying while I stood close by ready to protect her against falling.

"She'll fall!" her father whispered to me.

"No, she won't," I said. Eunice stood still, and now she seemed stiff and tense.

"Walk toward me," I said.

She placed one foot in front of the other, as people do feeling their way across a slippery surface. She didn't really walk; it was more like a shuffle. But she was crossing the room, her arms hanging loosely, and when she had moved some twenty feet I brought the chair to her and asked her to sit down.

Eunice's mother was quietly weeping. Her father was like a statue, staring incredulously at his daughter. It was like a scene from some allegorical play—Death retreating from the room, Life walking in.

But why had Eunice been chained all those years?

Why? Why?

With a word, Eunice's eyes were closed once more—I began talking to her again, and I told her she would remember the cause. She went back through the years to the grim day when she was taken into the Allegheny General Hospital for her first brain operation. She remembered the building, and

the long halls, and the doctors and nurses in their white clothes.

"Tell me what happened, Eunice," I said.

"I am seven years old," she said. Her voice sounded like a recording. "I am lying on a table . . . my Mommy said I have to have an operation . . . they are going to put me to sleep for a little while . . . there are two nurses . . . one nurse says: 'I'm afraid this little girl may never walk again.' "

I'm afraid this little girl may never walk again.

Thus the dread thought was planted.

It remained there, hidden, and each time Eunice went into surgery for another operation she seemed to hear it again.

When she returned to full consciousness, we reviewed what she had said, and now her conscious mind could remember the frightening words, and the damage they had done. After emphasizing the innocent intention of the sympathetic nurse's remark, I asked her to walk across the room once more. She was wide-eyed with the sure knowledge that she was no longer bound to her wheelchair. Pathé Newsreel filmed the entire session. Several months later I received a newspaper clipping showing Eunice taking dancing lessons.

Long afterward, during an engagement at the Tidelands Club in Houston, Texas, Mr. and Mrs. Kinzer were in the audience. They came backstage to report their happy news. Eunice was fully recovered, had married, and had just had a baby.

When I look back through my record file for cases caused by a thoughtless remark or an accidental shock—such as the story of Eunice Kinzer—I'm forced to agree with Dr. William Menninger, who said: "Mental health problems do not affect three or four out of every five persons, but one out of one."

I suppose that there are very few so-called "normal" people, and it continues to amaze me that anyone who has suffered the continuing jolts of childhood ever grows up to be a sane adult.

Even my own wife was not exempt.

Pearl and I had a complete rapport, romantically and hypnotically, from the moment we met. We agreed after our marriage, for instance, that if Pearl became pregnant I would give her posthypnotic suggestions that would ease the pains of childbirth.

In 1942, two years after our marriage, Pearl went to the

hospital for the birth of our daughter, Rena. She was completely free of anxieties, and the baby was born without the use of drugs. Pearl suffered no pain, not even mild discomfort, and we later used the same posthypnotic suggestion for the delivery of two more daughters, Nina and Barbara Ann.

Nowadays the use of hypnotism in childbirth is common practice in hospitals everywhere in the United States. It was such an uncomplicated experience for Pearl on all three occasions that she has since suggested, with her gay sense of humor, that it might be better to hypnotize the prospective young fathers, instead, to keep them from pacing the floor in maternity waiting rooms, biting their nails, chain-smoking, or passing out with "labor pains."

We used to paraphrase an old story about a woman who visits a psychiatrist and says: "Doctor, I have a wonderful husband, three healthy children, a beautiful home. I have an expensive car, a mink coat, and all the spending money I need, and I'm happy. Tell me, Doctor, what's wrong with me?"

Pearl sometimes told that story to friends or members of the family, and then she'd ask laughingly: "Tell me, Professor, what's wrong with me?"

"Not a thing," I would say. "Not a thing."

But there was.

Like many other families, especially after we settled in California, we often took the children on weekend picnics. We usually drove to one of the many fine beaches, stretched out on blankets, and let the girls splash around the surf.

One Sunday Rena sat down beside me and said plaintively: "Daddy—why doesn't Mom ever go swimming with us in the ocean?"

"Oh, she goes in once in awhile, doesn't she?"

"No. She just gets her feet wet."

Later I told Pearl what Rena had said. "I guess it's true," she said sheepishly.

"Water too cold?"

"No, I'm afraid. Honest, Art, there are times when I'm absolutely petrified."

"I've seen you swimming," I said. "You're darned good at it."

"But that was in a pool. It's the ocean! I don't know what it is, really."

I was dumbfounded. I thought I knew her intimately, yet here was a fear she had never mentioned. That eve-

ning at home, after the children had gone to bed, I hypnotized her. I gave her the usual tap on the forehead, and asked her to talk about the swimming problem.

"Why are you afraid?" I asked.

"Sharks," she said. "There are sharks out there."

"Have you ever seen a shark?"

"Yes . . . long ago."

"Let's go back to it, and you will remember what happened."

"Yes . . . I see it now . . . I'm thirteen years old . . . I am in the public library. I have to pick something on which to write a book review. I reach up to a shelf and pull out a book called *Men of the Sea.* It has pictures in it. There is a picture of a man in a boat . . . he is leaning over the side . . . and a big shark is biting off his arm . . . there's blood all over the water . . . and the man has his mouth open . . . he looks like he's screaming."

She stopped talking and sat there with apparent terror while she was reliving the harrowing experience. Then I noticed an expression of relief. The corners of her mouth started turning up and she broke into hearty laughter as she shouted: "It's all so silly!"

I knew she had solved her own problem by having a "second look" at the innocent cause.

And she did. It was as simple as that. We both know that many of the fears and phobias of our adult years are the result of an infantile image. Hypnotism can serve to desensitize these hidden pictures with dramatic suddenness.

It has been said that separation from the mother is the first traumatic experience for every child, but there are many later ones which leave far more serious scars because by that time the child understands words. Many authorities believe that *all* emotional disorders are directly traceable to shocks that came early in life.

The problem is finding the tool that can dig effectively to get down to the underlying cause.

Psychoanalysis aims to achieve the same result, but the disadvantage there is not only that this process depends on the conscious mind and the subject is never really sure that what occurs consciously is the responsible cause, but also that it may take years to get results. In hypnotism, though, the clue can often be found just as soon as a rapport is attained.

Sigmund Freud in his lectures acknowledged that hypnoanalysis was much more rapid and easier on the patient,

but he called it "capricious and monotonous," and finally concluded it was not a reliable process. It has also been charged—and this is one of the disagreements in the basic conflict between the psychiatrists and the hypnotists—that subjects can fake childhood experiences in regression.

It has been said that when there is an especially close rapport between hypnotist and subject, the latter is anxious to please the hypnotist, and therefore invents incidents, down to the smallest detail, which occurred during a childhood period.

Obviously these stories out of the past are sometimes difficult, if not impossible to prove. But this holds true with every therapy. People lie to doctors, psychiatrists, clergymen, and parents, and most of all to themselves. The best device is the one that can alleviate the cause.

In any experience, when sources were available and witnesses still living, I have been able to validate key incidents exactly as they were related in the regression stage. It would have been impossible for the conscious mind to deliver them.

I recall one case of a man named Frankie Powers, age thirty-four, who suffered severely from Buerger's disease, an arterial and venal ailment of the legs which often leads to gangrene, and is supposedly aggravated by smoking. Powers could barely walk more than five steps without resting, but he continued to smoke.

Dr. Samuel Fertig, who feared for his patient's life, asked me to try hypnosis on Powers, hoping it might get him off tobacco.

I asked the doctor whether the symptoms of Buerger's disease could possibly have an emotional origin.

"There isn't much information on Buerger's disease. It's a circulatory condition and smoking is believed to be a complicating factor," he explained. "Circulation is impaired and as it worsens it becomes more and more difficult to walk. Eventually the legs must be amputated. You would be accomplishing something important if you can get him off those cigarettes. Of course, if his circulation could be stimulated, so much the better."

We were working in Dr. Fertig's office. I led his patient through the progressive stages of hypnosis.

Probing for an experience which might have had an influence on his condition, he said suddenly: "I'm standing on the street corner with some friends, smoking a cigarette. I'm about nineteen years old. Somebody slaps me on the

back and says: 'You too? Remember what happened to your father!' "

He stopped talking. At length, I asked, "Who slapped you?"

"It was our family doctor," he said.

"What happened to your father?"

"He died of Buerger's disease."

I had intended to suggest that he would develop a confidence in his ability to stop smoking, that when he awoke he would discover a distaste for cigarettes and have a clear realization that his health would improve as a result. But it occurred to me that the really destructive remark from his subconscious mind was the reference to Buerger's disease, and his father's death.

"Frankie," I said, "wouldn't it be foolish to allow words you heard fifteen years ago to be responsible for making you suffer today? The doctor meant only to influence you to stop smoking. The fact that your father had Buerger's disease should not have any bearing on your own health. It is not something you inherit. Your condition may be merely the result of this anxiety."

I woke him, and I said to his wife: "Take him around the block for a brisk walk."

"But—," she started to protest.

"He can do it," I said.

I had no idea what would happen, and I'm sure Dr. Fertig was apprehensive about this drastic experiment. But Frankie Powers not only walked around the block without stopping or complaining about his legs, but he did it three times. In the light of medical knowledge, Powers' remarkable stroll was miraculous, but when there is no organic difficulty the power of suggestion can work wonders.

Dr. Fertig asked my fee.

"I'd like to see him again tomorrow—I'll charge him twenty-five dollars then."

We made an appointment for Powers to return for another session the next day, because both the doctor and I were curious to know if there had been any actual improvement, and whether he could still walk without pain.

We waited—but he never showed up.

Some years later my wife and I were dining in a New York restaurant when I saw a familiar figure across the room. It was Frankie Powers, and he was puffing on a big cigar. I walked over to him and said: "Remember me?"

"Why, sure," he beamed. "You're the hypnotist."

"How are you feeling?" I asked. "Still walking around the block?"

"Certainly. No trouble at all. Here—have a cigar."

"No, thanks," I said. "But I will take the twenty-five bucks you owe me."

He laughed, and reached for his wallet.

"Cheap at any price," he said. "Here it is—and thanks."

I took the money, and stuffed it into my pocket. Not only because I earned it, not only because he owed it—but I took it because it isn't often that you bet on a long shot—and win.

chapter four

IN A NEWSPAPER INTERVIEW some years ago Pat O'Brien said laughingly: "You know, acting makes you feel like a burglar sometimes—taking all that money for all that fun."

I suspect, knowing Pat has had his share of worries during his long career, that he made this remark with tongue in cheek. Show business was fun for me, too—though "acting" is not a word that applied to my stage performances. But aside from the lighter moments, when an audience was amused by the directed antics of some of my subjects, the theatrical and nightclub circuit was to me an education in human behavior.

I came across surprising problems among the many celebrities I met—people who were having "all that fun" on the surface, and at the same time suffering from all sorts of troubles they never revealed to their public.

I began encountering the headliners when my agents booked me into the so-called Borscht Belt of show business—the resort section of the Catskill Mountains in New York. Some performers bitterly call it the "Aborschtion Circuit," because if an act is stillborn there, it usually goes no further. But the Catskill audiences were kind to me, and I soon found myself booked into the Claridge Hotel in Atlantic City.

As the months passed I was fortunate in catching the eye

of the *Variety* critics, especially in eastern cities, and they were uniformly intrigued. Like food to a starving man, I came to life when *Variety* said: "He knows just how far to go and never violates taste, either in his talk or work . . . Ellen's gab is good and convincing and altogether a novel entry in the nitery field." Another early review said I was a "surprisingly sock hit."

In Montreal the reviewer said: "The hypnotic feats of Arthur Ellen had the first-night audience pop-eyed," and in Chicago *Variety's* man wrote: "Ellen's manner is clinically brusque but never offensive and his act, or demonstration, whichever it is, engrosses and is loudly received."

I subsequently told the man from *Variety* that I never considered myself an "act," and that I was only trying to show—as I am off the stage today—that hypnotism is a science which can help people in trouble.

But those reviews more than twenty-five years ago led me to major bookings from coast to coast and not only resulted in lasting friendships with some of the big names in the entertainment world, but brought me in contact with thousands of men and women whose problems were just as acute, if not more so, than the fellow performers who called on me backstage.

I played the Chase Hotel in St. Louis, the Roosevelt in New Orleans, the Fairmont in San Francisco, the Riverside in Reno, the Mocambo in Hollywood, and many other nationally known hotels and nightclubs whose high standards mean so much to an artist—whether he sings, dances, plays an instrument, or, as in my case, tries to sell a self-help plan.

I was working Ciro's in Philadelphia one summer and was in my hotel room when the phone rang.

"Arthur Ellen?" The woman's voice was soft and low-pitched and sounded vaguely familiar.

"Yes."

"This is Pearl Bailey, Arthur," she said. "I don't know you, but I've heard wonderful things about you and I caught your show last night."

"Thanks," I said proudly.

"Arthur," she asked, "how are you on drugs?"

It was an odd question from a stranger, and I chose to treat it lightly. "Well, Pearl," I said grinning to myself, "I'm not on the stuff yet, but you never know."

"Oh, that's not what I mean," she said quickly. "I meant whether you had ever worked on a drug addict. Here's the situation—and it's serious. One of my musicians is hooked

on the big H, and some of the Feds have been snooping around the theater. He's in trouble, Arthur, and he needs help right now. Could you please talk to him?"

I called a cab, met Pearl at the stage door of the theater, and was led through a labyrinth of spiral staircases and narrow halls to a dressing room below the stage level. Pearl's musician friend was there, a gaunt, nervous young man whose eyes betrayed the fact that he had just had a "fix." He knew why I was there, and I recognized his sensitivity. He glanced at his watch, mumbling that it was less than ten minutes to curtain time, and added: "Maybe we'd better skip this until after the show."

"You will be 'asleep' in seven seconds," I said. "Sit back in your chair and relax. Now look at me."

I caught his steady gaze and held it and asked him to take a deep breath. Pearl Bailey tiptoed out of the room, and as the door closed his head began to droop. I told him to sleep and his arms dropped. He was in a trance.

Somewhere in the hallway outside I heard a voice calling: "Four minutes." I had to work quickly, and I said: "After this moment you will no longer want drugs to keep you working. You are a fine musician, and there is no reason for you to risk your future . . . your life . . . on something your body does not need."

"But it's always there, man," he said. "It keeps telling me."

"It will not tell you from now on," I said firmly. "I'm going to give you something that will instill confidence and which is more powerful and will keep reminding you of what I have said."

I reached inside my coat for something—anything—that would serve as a symbol. My fingers touched a card. It was some sort of business card. I don't even remember where I got it. Perhaps it was one printed by Ciro's, the club where I worked. Or it could have been from a hotel, or an agent, or anyone.

I pressed it into his hand.

"The next time you have a compulsion to get a fix," I said, "take out this card. Hold it before your eyes, and read it. You will have a pleasant sensation, and you will feel confidence and emotional security. You will then sharply realize the destructive results of drug addiction. The card will be your stimulation and will serve as a continuing reminder."

The voice from the hallway was strident now. "Last call —on stage!"

I touched the musician's forehead, and told him to wake. He straightened up suddenly, looked at his watch, and bolted out the door toward the orchestra stand. "So long, man," he said "Sorry we didn't have time to get hypnotized. Maybe tomorrow."

"All right " I said.

I knew that for us there would be no meeting tomorrow. I was closing that evening, and would be out of town long before he was up. On the train from Philadelphia to New York I kept mulling over the events of that brief interlude, and I was not sure I had reached him He had had the typical reaction I had seen so often before—the belief that he had not been hypnotized at all. This is characteristic of those who have been exposed to it There were times when I had to produce photographs, taken of people in the hypnotic state, to prove that they were actually responding to commands.

The posthypnotic suggestion I gave him was almost a desperation impulse. I was familiar with the basic problems of drug addiction, and my doctor friends had often insisted there has to be a withdrawal period, agonizing as it is, before treatment can begin.

Two years went by, and my wife and I went to a small supper club in Atlantic City on my night off to have dinner and catch an act we had not seen before We were at ringside, and during a lull the house pianist leaned toward me and said: "Hey, aren't you the hypnotist man?"

"Yes," I said.

"What would your lady like to hear?"

My wife said her favorite song was "Where or When," and when he hit the last note he left his bench and sat down at our table.

"You remember a couple of years ago in Philly—that fellow who was on the big H?" he asked.

"I certainly do," I said. "I always wondered how he was doing."

"He is my brother, man," the pianist said. "He's doin' good. He's with a band in Chicago now, and he hasn't touched the stuff since that night. You must be the greatest."

I was happily surprised, of course. "Thanks for the compliment," I said to him, "but if he kicked the habit, he did it himself. I was just a guiding hand."

We stood up to leave, and the pianist pulled me aside for a moment. "He didn't kick it by himself," he whispered. "I know it, and you know it. Hey, man, have you got another one of those crazy cards?"

WHEN YOU WATCH SEASONED PROFESSIONALS on stage at a theater or nightclub, you rarely see any surface nervousness or other indications that their emotions are out of control.

But show me a man or woman who doesn't suffer, waiting to go on, and I'll show you a robot.

Playwright William Inge once said wisely: "It has taken me years to realize the fears in us all, the fears in the most seemingly brave, the bravery in the most seemingly frightened." If I had chosen to specialize exclusively for people in show business, I'd never have time to cover them all.

One of the most common ailments among performers is sudden and inexplicable laryngitis—or vocal paralysis—afflictions many a person has encountered when, at a church social, perhaps, the minister says without warning: "And now let's have a few words from Brother Smith." Brother Smith, who would leap into a flaming house to rescue a cat, is frozen with fear. His throat dries up, adrenalin makes his pulse run wild, and he mumbles something and plops back into his seat.

Many an average man—and it is certainly not a character flaw—is petrified before an audience. He is insecure, and afraid of ridicule.

These crippling choke-ups, which hit hundreds of people every day at critical moments—when they're trying to make an important sale, for instance, or ask for a raise, or even date a new girl—can be cleared up by hypnosis.

One of my most illuminating experiences with this tight throat kind of anxiety came when I made my first trip west to appear at the Golden Hotel in Reno.

Staying in Reno at the time was Vic Damone, the handsome young singer who was just beginning to achieve national prominence, and he was en route to Las Vegas to make his first headline appearance at the Sands Hotel. Damone, whose personal and professional life had had more ups and downs than a pogo stick, was in a ferment of anxiety about the Las Vegas booking, and had slept only a few hours a night for almost a week.

His musical director asked me if I could break up this tension, and I suggested a session in my hotel room.

I had seen enough anxiety cases on tour to know that the victims almost never suffered from any organic disease. Nevertheless, many were obviously ill with such symptoms as migraine headache, insomnia, heart palpitations, or twitching. Without being able to find a valid reason for their troubles, most of them insisted they had some dreadful sickness that doctors simply couldn't diagnose.

Damone was a cooperative subject when we began hypnosis, and his unconscious mind quickly gave up its secret.

He said that Las Vegas was Frank Sinatra's "stomping ground," as he put it, and he had the gnawing fear that his Sands Hotel opening would be a flop. "Sinatra bugs me," Damone said in his trance, "and I don't know why."

"Are you friendly with him?" I asked.

"Well . . . yes . . ." he replied.

"Isn't Sinatra a stockholder in the Sands?" I said. "If he didn't like you, you wouldn't be appearing there."

"I know," Damone said, "but he bugs me."

"Why?" I asked. "Why not tell me about it? In this state you will regress to the experience which was responsible for your sensitivity."

"It was quite awhile ago . . . in New York . . . Frank was at the Copa . . . he was so great . . . I sent a bottle of Scotch to his dressing room . . . just a friendly gesture."

Damone grimaced and was silent for a moment. "Well . . . you know what he did? He sent a bottle of milk to my table, like I was some kind of a little kid compared to him. It burned me."

"You realize, Vic," I said, "that this was just one of Frank's typical gags. He meant no malice, or it might have been his way of saying that milk is better for singers than whisky. In any case, if he had really disliked you he wouldn't have sent anything. And what's more, you wouldn't be booked into the Sands Hotel, either."

Damone smiled for the first time in days. "I never thought of it just like that," he said.

"All right, Vic," I said. "When you awaken you will feel completely relaxed and free of that hang-up. You will go to Las Vegas with confidence and enthusiasm."

Subsequently Damone talked to friends about our meeting and said: "I don't know how Arthur did it, but he got the bug out of me." Indeed, Sinatra and Damone are now close friends, and Sinatra later said he thought the younger singer "has the best pipes in the business."

Over the years, from New York to California, I be-

friended many great artists who, despite their star ranking and long experience, were prisoners of anxiety at one point or another. In many instances, their opening-night jitters brought on the familiar laryngitis I mentioned earlier.

One popular singer who faced this problem over and over was petite Teresa Brewer. She often had the feeling, as she told me when I hypnotized her at the Sahara Hotel in Las Vegas, that there was a piece of tissue paper in her throat. She could neither swallow it nor cough it out, and its presence was so real that it interfered with many a performance. We got rid of this imaginary paper, and with it the anxieties that sooner or later might have affected her career.

Harry Belafonte, Dennis Day, Tony Martin, and Russ Carlisle were among those who came to me with sore throats only hours before they were due on stage, and who were hypnotized back to normalcy. Carlisle was in Chicago, scheduled to cut twelve sides for a record album, when I got an emergency call from Bill Putnam, his recording manager. Carlisle was having some acute personal problems and couldn't sing a note. He had total laryngitis.

I hypnotized him in the recording studio, and at a prearranged signal the accompanying orchestra began to play. Then, still in a trance, Carlisle sang six numbers without a hesitant note. They taped all these songs—he later gave the tapes to me and I still have them at home—and then I woke him.

"Russ," I said, "we're going to play some tapes and I want your opinion about the singer."

The reel began turning on the playback machine, and when Carlisle listened and realized he was hearing his own melodic voice, he looked as though he had just met the Wizard of Oz.

"Hey!" he cried. "That's me!"

"That's you, all right," I said. "And you never sounded better. Now, let's go to work."

He cut the entire album in one eighteen-hour session, and to the best of my knowledge he never had another anxiety throat problem after that.

I am certain, on the basis of my records, that there are many frustrated amateurs whose inhibitions bottle up their artistic talents, and who might be successful professional performers if they turned to hypnotism for help.

Interbrain misbehavior, triggered by emotions not always understood, can cause the nerve motor centers to go hay-

wire. The mind says, "Open your mouth and sing," but the message is blocked, and the muscles don't respond.

One of the more unforgettable experiences began one evening in the huge Venetian Room of the Fairmont Hotel in San Francisco. I played there eleven weeks in 1956—a record for the hotel—thanks to frequent mentions in the *Chronicle* column of Herb Caen, sometimes called Mr. San Francisco, and there was barely room on the huge stage for the many volunteers.

Toward the end of my engagement, the group of eight subjects for the first show included a skinny, extremely nervous Negro boy. The volunteers took the chairs assigned to them, and all were quickly hypnotized.

Just as the gangling youth slumped into the trance, I heard a woman's strident voice yelling at me from the audience.

"Tell the kid to sing!" she cried. "Tell him not to be self-conscious or afraid of people!"

I turned around and nodded to Ernie Heckscher, the orchestra leader, and the band began to play one of the popular ballads of the period. "Do you know this song?" I asked.

"Yes," he said.

"All right. Sing it."

He stepped up to the microphone I gave him and the room noises suddenly faded out as they heard the remarkable flutelike tones of the boy's voice. He finished the song to wild applause, and I told him he would never again be afraid of facing an audience. The applause continued when I woke him, and he went back to his table with a sort of happy perplexity.

His name was Johnny Mathis, and the woman who called to me from the audience was Helen Noga, a part-time hostess in the Blackhawk Club, whose husband owned a piece of that club, and who has since managed Johnny's career.

Johnny was booked into the Blackhawk for his first professional engagement. This San Francisco club starred such jazz greats as Errol Garner, George Shearing, Duke Ellington, and others, and the youngster was an immediate hit. Within four years he was right behind Frank Sinatra in the *Downbeat* and *Playboy* polls.

There may be hundreds of undiscovered singers around the country who, though they may not have a Johnny

Mathis voice, can perhaps be guided to a career through hypnosis.

I remember a somewhat shy bank teller in Pittsburgh who came to the Monte Carlo Club where I was working. While he was in a trance, I told him to imagine that he was Tony Bennett, and to sing one of Tony's big hits, "Because of You." To my amazement he not only looked and sounded like Tony Bennett when he began to sing, but he used the same gestures.

When the show was over, Georgie Claire, an agent who handled my bookings in Pittsburgh, came backstage and said: "Hey, Arthur, where'd you get the stooge?"

"What stooge?" I said.

"The guy with the Tony Bennett imitation."

"I never saw him before," I said. Nor had I.

Georgie rushed out, located the subject at a table and found that he had been working part-time as an entertainer, making appearances at social clubs and similar places in the Pittsburgh area. Georgie booked him into the Monte Carlo for his first major date and now, some years later, he is a headliner who is considered the best impressionist in the world. He also went into television and played "The Joker" in the Batman series. His name is Frank Gorshin.

The basic anxieties of man, which are manifested by such uncomplicated ailments as headaches, insomnia, or what is often described as "nerves," turn up every day in hundreds of different disguises.

A typical case of simple anxiety out of my files involved a young man, about twenty-one years old. He came to me because he was worrying about trivial things, couldn't concentrate on his work, and felt that he was immature. He found himself suspecting people of lying to him, or plotting against him, and he was so jealous of his fiancée that he was in a panic when she was out of his sight.

Physically he seemed in good shape, and a checkup by his family doctor had not indicated anything organic. But in our first chat he gave me one significant clue when he indicated that he was not on the best terms with his parents, and said: "I just can't seem to get together with my father."

There was obviously something, deeply buried in his memory, which was fermenting there and revealing itself in his attitude.

I regressed him to his high school period, but he had no recollection of any personal experience that could account for the anxiety.

But when we went further backward into time and reached the period when he was about eleven, there was a sudden change in his face, and tears began forming below his closed eyes.

"Do you remember something now?" I asked.

"Yes . . . yes," he said. "My father. . . ."

"What about your father?"

"He sent me to the store to buy something. I came home with it, and he counted the change. 'Where's the rest of the money?' he asked. I told him that was the exact change I got from the store. 'Don't lie!' he shouted. I tried to tell him. . . ."

"Was your father angry?"

"Unreasonably so. He didn't believe me. He thought I'd stolen the money."

When he awoke, we talked about the forgotten incident and I said that it was not an unusual story. Children often make mistakes with money when they're sent on errands, or they lose it, and, human nature being what it is, some thoughtless parents take it out on the kids. Perhaps they themselves had had a similiar experience with their parents, and they strike back unconsciously by suspecting their own children. Indeed, they may have pocketed a dime or two themselves when they were children, and unwittingly pass their guilt feelings along to someone else.

"Your father's action was thoughtless," I said, "but it does not mean he doesn't love you. You have been carrying this resentment in your unconscious mind since you were eleven years old without knowing it was there. You understand that, don't you?"

"Yes," he said. "I had forgotten all about it. Why did I suddenly remember it?"

The conscious mind forgets many things, but the subconscious mind remembers everything. Our comfort is influenced by what the subconscious mind has stored up.

"That being the case," I told him, "you can now consciously realize it isn't fair to you or to your father to hold that experience against him endlessly. This is a needless anger that works in a vicious circle and could inflict permanent harm on both of you. Remember that your father must have intended his disciplinary anger to discourage theft if you had actually pocketed some coins."

The young man came three times more, and during one of these visits he said, while hypnotized: "I must love my mother and father," as though he saw his own doubts, and

had finally concluded he was wrong. I told him it was not a question of "must," but that he would see his parents in a different light, and would voluntarily accept the mutual affection that had been so clouded by supersensitivity up to that point. The last time I saw him he was happy and relaxed, brought his fiancée along to meet me, and said they were going to be married soon.

Children begin by loving their parents, wrote Oscar Wilde. *As they grow older they judge them; sometimes they forgive them.*

chapter five

WHEN I THINK OF THE BOY who hated his father—and many other people whose lives were blighted by casual but destructive remarks—I remember two lines from a little poem written a century ago by Samuel Dodge:

> You'll be worried and fretted and kept
> in a stew,
> For meddlesome tongues must have something to do.

These brief words, along with Spinoza's observation that "men govern nothing with more difficulty than their tongues," should be printed on little cards and kept handy by anyone who works with children—parents, teachers, nurses, ministers, guardians, and counselors.

I have had dozens of cases in which anxieties and/or allergies, along with spasmodic asthma, which in my opinion is often the evidence of an emotional disorder, have been directly traced to careless remarks, usually in the formative years of childhood.

The Eunice Kinzer case, discussed in an earlier chapter, was my first encounter with the deadly-word germ, but I was not aware of its prevalence until I began private consultations and saw the dramatic relief brought by regression.

Here is a man—let's call him Jack Howard—who came to my office in a black mood because, though he loved his

wife, they decided they could not be happy together and must get a divorce.

"It's that damn cat!" he said.

"What do you mean by that?" I asked.

"Well," he said, "we've been married a long time, and although we have had no children we were very close. Then one day she suddenly went out and bought a female cat. I tell you, Mr. Ellen, I hate that cat. I hate all cats. I don't know why. It got so bad that one day I told her I believed she'd rather have the cat than children or me. Naturally, she was hurt, and when I suggested getting rid of the cat she said *I* could leave any time I felt like it."

"Did you ever have a cat anywhere else? Before you were married?" I asked.

"Not that I remember."

Jack Howard was instantly responsive when we began hypnosis, and was easily guided back to his boyhood on a midwestern farm. He was five years old and was talking with his father in the barn on a rainy day.

"I remember I was teasing our cat with little pieces of straw. . . ."

"You *did* have a pet cat then?" I interrupted.

"Yes . . . I put the cat on my lap as my father talked."

"What was he saying?"

"He said I was a good boy and would own the farm someday. He said it was a funny thing how life worked out because I almost didn't get born. He had a self-conscious smile, and he said that when my mother got pregnant they were kind of sick about it. 'There was a terrible depression,' he said. 'Your mother and I thought having a baby was just too much. We didn't want a baby right then, and we talked about your mother getting an abortion. Thank God we didn't because you're a fine boy.' "

I watched Howard closely as he blurted out the destructive words, and he made an angry motion with his hands, as though he was throwing an object across the room.

"I felt like I'd been kicked in the stomach!" he cried aloud. "My father didn't want me. My mother didn't want me. I was looking at the cat as my father talked. Suddenly I hated my father. I hated the farm. I hated the cat. I threw the cat across the barn and I ran outside into the rain. They didn't want me. . . ."

He sat there in a trance, sobbing, and I touched him so he would wake. He was dumbfounded when I repeated the

story he had told, and then, of course, his conscious mind recalled the forgotten talk with his father.

"Jack," I said, "you can see the association between that unpleasant experience, and the resentment about your wife and her cat. Father plus cat, and wife plus cat make the dangerous parallel. Now let's go back to the day in the barn.

"You should really be proud of your father because he took you into his confidence and told you the secret thoughts that had probably upset him for many years. He was a big enough man to admit they were both wrong, and to thank God they had gone through with the birth. And finally, he tells you what a fine boy you are, and how happy they are with you. You really were wanted. You carried this pain around all these years, and because you took it out on the cat in the beginning, you've hated cats ever since, and you have almost let it ruin your marriage. Can you see it now?"

"I see it very clearly," he said. "I feel as though I've just come out of the dark into the sunlight."

I never saw Jack Howard in my office again. But I read about him now and then. He and his wife have a baby daughter and a couple of years ago he was elected to Congress. I don't know what happened to the cat, but I'd like to bet she's still lapping up milk in their home.

Lord Webb-Johnson, a distinguished British surgeon who must have a sense of humor about emotional problems, once said a neurotic is the man who builds a castle in the air, a psychotic is the man who lives in it, and a psychiatrist is the man who collects the rent.

I might add that the rent is not only high, but that the collection is sometimes accompanied by comments that are just as cruel as any made by thoughtless parents.

Here is a case, for example, of a thirty-five-year-old woman, rather attractive, but unmarried, who came to me because she seemed to be hopelessly addicted to pills. She had a pill for everything—tension, insomnia, headaches, muscle aches, and many other functional ills. She knew instinctively that she didn't really need all this medication, and she hoped that hypnosis would reveal the cause of her hypochondria and thus free her from the compulsion to take pills.

To my amazement, when she was in a trance, she blurted out this question: "Did my father have sexual intercourse with me when I was a young girl?"

"Why would you ask a question like that?"

"I spent two years in psychoanalysis and the doctor asked me if I had ever had sexual relations with my father."

Her explanation did not surprise me. This is the kind of shot-in-the-dark approach used by some psychoanalysts and psychiatrists, especially the disciples of Freud.

"What did you tell the analyst?" I said.

"I said I didn't know. He kept prompting me to try to remember, and before long I was doubting my own memory, wondering if it had really happened."

"You're still not sure?"

"Perhaps I'm afraid it was true. I don't know. But I must know. I came here to find out."

She was regressed through her girlhood days—from age seven on into her high school period. She recalled dozens of incidents at home and in school, but none of them involved a sexual experience with her father.

She argued with me while hypnotized, as though I were an enemy deliberately blocking her suspicion that her father had ravaged her.

"I must know the truth," she said, "and you are not taking me there."

"If it happened," I said, "you will find it."

Her addiction to pills was apparently related to her sense of guilt, and I was curious to know if the incestuous rape had really even taken place.

She was then led to recall a myriad of formative-year experiences which she relived clearly, constantly attesting to the verity of these memories. She was led again through her classrooms, play situations, family relationships, and she described them with devotion to minute details. She was led to recall a possible situation where her participation in an incestuous relationship could have taken place. She contemplated . . . then volunteered, "I don't see anything. There wasn't any such situation."

During her next session, she reported tremendous relief. She also attested to welcome relief about other complexities. These apparently cleared up due to the recollection of some of the other random experiences she relived under hypnosis.

I didn't see her after that, and I can only assume that she found peace of mind and a happier way of life.

If the analyst had not asked the question in the first place, she might have been spared all that agonizing uncertainty.

There are many men and women like her everywhere—here in Los Angeles or in your neighborhood, wherever it may be, perhaps in your own family.

Here is a young man who has speech problems, blushes constantly, and has literally retreated from the world because he cannot take the taunts about his flaming cheeks. Regressed to boyhood, he remembered accidentally seeing his mother nude at home one day. He said he blushed and his mother called him an "evil-minded boy." Later, at school, lying to one of his teachers about some trivial incident, he avoided her eyes and found himself staring at her breasts, the nipples of which were pushing against a rather thin sweater. Once again he was scolded, for his lying, of course, but his emotions reacted as though it were for his sex-mindedness and he fled from the room with scarlet cheeks.

In time the blushing mechanism functioned every time he was asked to recite in school, when he encountered girls on the street, or happened to have attention focused on him at home or on the job. He became a target for unmerciful kidding by his friends, and the more he tried to control the rush of blood to his face, the more sensitive he became, and in his own eyes he became excruciatingly inferior.

I explained to him that he had literally hypnotized himself into the habit, starting with the incident he had dredged out of his mind under regression. As we talked he saw the validity of the whole chainlike process—like one firecracker exploding a long string—and was able to direct his thoughts into positive channels.

The moral in all these cases might be: *Think before you say it.*

Recent studies in criminology have shown a startling parallel to the point I am trying to make here. Twenty years ago sociologists picked a grade school at random, and noted the names and personalities of children who started their school life as targets for ridicule because of some physical defect—oversized ears, harelips, excessive freckles, crossed eyes, or overweight as examples.

They said: *These children will be the delinquents and the criminals of tomorrow.* And they are now, according to follow-up studies made recently.

I have reiterated my convictions on the impact of Samuel Dodge's "meddlesome tongues" because I am confronted with new examples almost every day. Furthermore, one need not be a child to be affected by damaging words; an adult may be just as vulnerable.

About 20 percent of my subjects are referred to me by doctors, and some months ago I received an emergency

call from a Beverly Hills urologist who had a woman patient in a hospital there. She had just had a hysterectomy and was making a good recovery. Then, inexplicably, she was suddenly unable to empty her bladder. Surgical devices were needed to help her to void.

"There is absolutely no medical reason for this, Arthur," my physician friend said. "Somehow she has imposed this blockage on herself, without knowing why, and I wish you'd talk to her."

We went to the hospital and I hypnotized the patient. I tried to effect a reaction with a posthypnotic suggestion, but she did not respond. Often there is some hidden emotional experience behind the problem, and I suggested finding it by regression. But the doctor was unwilling to go that far, and her condition remained serious.

"I'm sorry," I said. "We may not be able to do anything unless we can get at the real reason. I wish you'd let me try."

Two days later, when he saw that there was still no improvement, he agreed. During our next visit, when she attained a hypnotic level, I asked: "Did anything unusual happen to you before you came to the hospital?"

"No . . . nothing," she said.

"Have you talked to anyone in your family about the operation?"

She stiffened a little, and began to cry. Then, as though she had peered into a forbidden closet, she began to tell me her story. She had been married for some years without being able to have children, and eventually, though she was a good Catholic, had consented to a divorce.

Some time later a physical examination revealed the presence of ovarian tumors, and she was advised to have the hysterectomy as a precaution against the possibility of cancer. She had been out of surgery one day when the phone rang by her bedside.

"It was my aunt," she said. "She was angry."

"Angry? What about?"

Her face was wet with tears now, and she could barely talk. "She said God meant for me to have children, and now I could never have any. She said God would punish me. . . ."

So there it was. The virus of guilt lodged in her brain and began its poisonous work as the result of just a few sentences from a fanatically obsessed relative. We talked about it when she awoke, and when she realized that she was the

innocent victim of an imposed guilt-feeling the block vanished as quickly as it had come. Her doctor, frankly awed by her sudden recovery, suggested a sort of booster session for the following day.

That evening he phoned me at home. "Arthur," he said, "we'll have to cancel our date for tomorrow."

"Anything go wrong?" I asked anxiously.

"No," he laughed. "Our lady got out of bed this afternoon and went home."

That same week I was visited by a prominent southern California surgeon who had noticed an inordinate increase in tension just before he was due in surgery. It is not unusual, of course, for any surgeon to suffer a certain amount of tension when a life is at stake on the operating table, but this man found himself so knotted up that he could not continue his work.

Hypnotized, he recalled that some weeks earlier he had had a violent argument with the physician who headed the hospital where he performed most of his operations. The acrid discussion reached such a pitch that the other doctor finally yelled: "Shut up!" and stalked off.

From that moment he began to get jittery, and he was appalled at the realization that a relatively uncomplicated quarrel could precipitate such a consciously uncontrollable emotional state.

When I regressed him, he remembered an incident during his boyhood when, trying to explain some minor misbehavior to his father, he was told to "Shut up!" It was as simple as that. When the other doctor used the same phrase, it was like a long-smoldering fire suddenly bursting into flame, and he reexperienced the same frustrations and tensions he suffered after the friction with his father.

The aggravated tension disappeared, and he was soon back at work in surgery.

It is an interesting fact, incidentally, as my medical friends have confirmed, that there is a strong parallel between hypnotic sleep and the sleep induced by anesthetics.

Patients physically immobilized on an operating table can hear conversation, just as they do in hypnosis, and file away the words in the unconscious mind. Dr. Fred Kolouch of Twin Falls, Idaho, told delegates to the Western Surgical Association meeting in 1966 that too many patients die on the table because fear brings on cardiac arrest or some other fatal complication.

Dr. Kolouch said he himself was guilty of inadvertent

remarks which nearly cost the life of a woman on whom he was operating for cancer. "In the hypnosis of anesthetic sleep," he said, "she heard me talk about cancer, and assumed there was no hope for her survival.

"She herself did not consciously realize this. But after the operation she was failing so rapidly, and for no medical reason I could discover, that I hypnotized her, and she repeated the very words I had said in the operating room. While she was in the trance, I told her she had misunderstood me and I implanted the suggestion that she not only wasn't going to die, but that she had a good chance to survive. She began to improve immediately."

In reviewing my case histories I find the interesting fact that 50 percent of my subjects have come to me as a last resort. They have wandered from place to place—seeing doctors, psychiatrists, psychologists, clergymen, faith healers, and sometimes quacks in all of these fields.

Hypnotism, which is the least mysterious of all the healing sciences, offers quick remedies because it is so simple.

I have always believed that good health and a sense of well-being is our natural destiny. Ill health, aside from strictly organic malfunction, is not a natural state. I feel very strongly that our modern civilization, deliberately planned or not, is making us conscious of ailments which should not exist. Television, newspapers, magazines, and other communication media are making millions of people aware of various bodily functions, and many of those same millions will find new ways to suffer.

Just the other day I read a statement from one of our eminent doctors about a new invention which can be carried around like a watch. It can be used to determine your blood pressure at any hour of the day. One can be sure that this little mechanical marvel will plant fear in a lot of introverted minds.

Yet it will be no more culpable than a religion which points a finger at you and says: "If you don't do this—you will suffer from that."

In hypnotism you become your own religion.

You find that you need not be plagued by a lingering sense of guilt. You discover that you suffer because you have an infantile attitude about an infantile experience, and when you understand that, you are suddenly free.

I have never called hypnotism a cure for anything.

It is nothing more than a kind of emotional vise which

holds a subject's total conscious attention long enough for him to absorb the logic that solves his problem.

One of my more remarkable experiences involves a fifty-three-year-old single woman who, when she came to my office, had been forced out of work on physical disability grounds. The insurance company doctor's report she brought with her showed a record of pulmonary tuberculosis and emphysema and kyphosis.

In nontechnical language the word kyphosis means humpbacked And indeed she was.

She was so far bent over by the enormous hump on her spine that she had an almost simian walk, and the despair in her pinched face made my heart ache. I reluctantly explained to Lola—as we will call her—that I was not a doctor or a physiotherapist, and that I could not help her with her lung troubles

She knew that, of course, but she was groping for a more positive attitude toward life and its shortcomings. Perhaps she also sensed a shadow area somewhere in the back of her mind in which there was a locked-up suspicion that she need not be so crippled.

We had a series of sessions—she was a most eager subject—and during one of those trances she regressed to a period when she was just entering a higher grade in school. There was a physical education program for the class, including use of a swimming pool, and when Lola undressed to get into her suit, the school nurse examined her critically.

"I don't think this little girl ought to go into the pool," she said. "She's swaybacked, and it might get worse."

Though this incident had occurred more than forty years before, it was still like a sharp photograph in her mind. She described the gymnasium, the locker room, the nurse's starched white uniform, and the frown on her face during the examination.

"What did she mean by swayback?" I asked. "Did your back look the way it does now?"

"Oh, no . . ." Lola replied. "There wasn't any hump at all. I didn't know there was anything wrong with my back."

"So you were not allowed to swim at all?"

"No, and I couldn't take gym classes either. Well . . . it just seemed to get worse every year."

I woke Lola, and we talked about the experience. I could see that she was a shy kind of woman, and that as a sensitive child, singled out from her classmates and branded

unhealthy, the nurse's remark must have been a devastating shock.

Going back to my premise, a person in authority—in this case the nurse—sentenced the child to a destiny of suffering. The kyphosis did not then exist, but its coming was inexorable As the years passed, with her spine gradually accentuating its bony curve, she became more and more an exile. There was no one to tell her what was happening—and why. Finally there came the day when the insurance company doctor wrote: "Kyphoscoliosis—lateral curvature of the spine accompanying an antero-posterior [passing from front to rear] hump."

I began to have doubts as I saw her slumped in the chair in my office, and one day, when she was in a deep sleep, I said: "Lola, I want you to stand up."

She obeyed, and got to her feet.

"Now," I said, "you will raise your arms above your head and try to reach for the ceiling."

She stretched her arms, and almost imperceptibly her back straightened a little, and she was almost standing on her toes clutching the air. I was elated with what she was doing, and I was certain now that the hump was slowly created in her mind, and was neither a congenital deformity nor a dwarflike disease of the spine.

Within a very short time, buoyed by my confidence in her, Lola began to grow taller as the mound on her back receded. Finally, there came the memorable day when it disappeared completely, and she was able to bend at the waist and touch her toes—in and out of hypnosis.

I am proud of her achievement, and as corroboration for some selected observers, I can make her original hump rise out of her back at my command, and make it vanish just as easily. It is almost frightening to see her slowly bending down as the bony lump grows some six inches out of her back, and then, as I give instructions, watching the ugly growth melt away as she stands up straight.

Some might call it a miracle.

But it was really the power of the human mind, guided and strengthened by a science once linked with witchcraft, strange tribal rites, and other practices frowned on by civilized man.

chapter six

A FAVORITE STORY comes to mind as I start riffling through the file marked "Athletes and Sports."

It seems there was a man troubled by the fact that all his dreams were about baseball. Nothing but baseball, night after night. So he went to see a psychiatrist and explained his problem.

"Now, young man," the doctor said, "don't you ever dream about a beautiful young girl? You take her to dinner and the theater . . . you drive to the park . . . you kiss her . . . and then— Don't you have that kind of dream?"

"What?" the patient screamed. "And lose my turn at bat?"

On second thought, maybe this man was a solid baseball fan and not crazy at all. The average sports addict probably watches the professional athletes with something like envy for the easy grace with which they perform their assorted feats. Look at Willie Mays in the outfield, loping after a long fly ball, and making one of his famed basket catches. See the catlike agility as Maury Wills hook slides around a sweeping hand, and steals another base. Watch Rick Barry, the pro basketball ace, gently dropping the ball through the hoop from the foul line.

But the fact is that the great athlete, even as you and I, is bugged by the same emotional problems that afflict the surgeon, the businessman, the performer on stage. Tension, anxiety, imaginary ailments. A traveling pro rarely has the time to see the psychiatrist about his troubles, but he can get instant help from hypnotism.

My first encounter with hypnotism in the sports business did not involve me at all.

Some years ago, before the St. Louis Browns moved to Baltimore, to become the Orioles, the management employed a hypnotist who soon predicted they would win the pennant. But the Browns finished in the cellar, and we can't be sure that that hypnotist had really hypnotized anyone at all. Details have never been revealed.

Not long afterward I was playing the Chase Hotel in St. Louis when the New York Giants came in for a series with the Cards, and Leo Durocher said: "Hey! I got an idea. You think you could hypnotize some of my players?"

"For what purpose?" I asked.

"Oh, some of 'em got little things they ought to get rid of."

That evening Durocher brought half a dozen men to his room, including Coach Herman Franks, who is currently managing the Giants in San Francisco. The players were easily put into a trance, and I talked to them one at a time about the "little things" Durocher mentioned—a fear of left-handed pitchers, insomnia, sensitivity to hecklers, excessive smoking, and so on. When Durocher saw them slumped in their chairs he said: "Keep them under until I can get Sal Maglie in here. He's got a hip injury the trainer can't figure out, and it's beginning to affect his pitching."

Maglie, known as "The Barber," was one of Durocher's aces, and had been missing turns because of the hip ailment. When he came into the room, and saw his fellow players peacefully sleeping in their chairs, he turned and headed for the door.

"I don't want any part of this," he said angrily.

"Listen, Sal," Durocher said, "it's only for your own good. What can you lose?"

Maglie reluctantly submitted and responded. I nudged Durocher and said: "Leo, I'm going to tell Maglie to respond to your voice. You tell him to do things he says he can't do. If it's only an emotional thing, he'll obey your orders."

"Sal says he can't bend over or bend his knees like he used to," Durocher whispered. "Let's see what he does." Durocher told Maglie to squat on his haunches and do a duck walk.

At that moment Maglie bent his knees and began walking like a duck. He waddled across the room and came back with no sign of physical distress, and I said: "Sal, you will not have any more trouble with your legs or hips. As I wake you, you will be walking just as you are now, and you will understand there is nothing wrong with your muscles. If it were an organic condition, you could not have done that in hypnosis."

Maglie blinked in disbelief when I brought him out, and he stood up with a delighted smile. He pitched a shutout the next day.

As I go through these records, I hear a familiar voice on the radio, giving a play-by-play account of a ballgame. He was a pitcher, too—perhaps the greatest of all time—and I can't help wishing I had had a chance to work with him more than once.

Sandy Koufax, who quit the game in 1966 because of the constant painful problem with his arm, came to me quite awhile ago with Maury Wills. He wanted to dump the cigarette habit and thought hypnosis might be the answer. I don't think he was consciously resisting, but I simply could not put him into a trance. I don't mean to say he is not hypnotizable; he might respond differently at another time and place, but I failed.

It is generally understood by most hypnotists, as I wrote earlier, that almost everyone is basically hypnotizable. But resistance by the conscious, subconscious, or unconscious mind can render one unsusceptible. If Koufax secretly did not want to stop smoking, for instance, he could have set up a resistance that blocked hypnosis that first time.

Maury Wills' visit with Koufax came at the end of the 1962 season—the year Maury established his amazing record of 104 stolen bases.

On the surface, Wills seemed to be a man with "the whole world in his hands"—a driving performer who kept fighting even when the team was far behind in a game, one of the best-paid men on the Dodger squad, and a favorite with the noisy and belligerent citizens in the seats at Chavez Ravine in Los Angeles.

But behind the cool facade there was a turbulent spirit, and when it came to his achievements on the diamond, Wills was no less tense and insecure than the rest of us. I had the feeling that it was Koufax who prodded Wills' interest in hypnosis and that Maury consented to our meeting because the newspaper columns were reporting the fear of hemorrhaging in his legs that tormented him toward the end of the season.

Wills eased into a hypnotic sleep almost as soon as he sat down. "Are you worried about something in particular?" I asked.

"Every athlete holding a championship worries," he said.

"Yes, of course, but in your case do you have a special worry?"

"I had a great year," he replied. "I'm afraid I'll never be able to match it again."

"Why?"

"It's my legs. When the season ended I started having hemorrhages, and my legs ached constantly. They still do. And if anything goes wrong with my legs I can't play."

"Have you had a doctor look at your legs?"

"Yes," he said. "Lots of them. I'm scared!"

I felt that if he could conquer his fear a positive attitude might influence improvement in his outlook. I told him to stand up and touch his toes with his hands, emphasizing that he would not feel any pain, and then I suggested a series of squats and other exercises. He went through the entire sequence without a grimace, and I asked him if he felt any pain.

"Not a bit," he said. "My legs feel wonderful."

"You understand what has been happening in your mind, I'm sure. With an infantile attitude, you have been overprotecting your legs. The more you worried, the more aggravated the condition became. You will realize this when you wake up."

When Wills left my room in Las Vegas he had a springy step, and a smile had replaced the tight lips and jaw muscles which had been straining when he came. Later, in a serious talk with Melvin Durslag of the Los Angeles *Herald-Examiner*, Wills elaborated on this session.

"It was amazing," he said in a published interview. "I felt no pain in my legs and I don't to this day. Of course, people will say the leg pain was in my head in the first place, which is true. But that's the worst place to have it. Few realize the day-to-day pressures that build up in competitive sports. It was especially bad in my case, going for the record. I had reporters and photographers and radio and television people around me all the time, and I couldn't help but be conscious of my legs every minute.

"Nerve conditions bust out in a lot of athletes. Take Johnny Roseboro [a former Dodger catcher] for instance. He's wearing thick glasses this year. He needs those glasses like I need a rope around my neck. But as long as he thinks they help him it's important."

I was annoyed to observe that the paper ran a double eight-column banner line over the front page Wills story, saying:

A WORRIED MAURY WILLS
RISKED HYPNOTIC "CURE"

In the first place, the word "risked" bothered me because of its inference that there was something hazardous about hypnotherapy. The word "cure" was also misleading be-

cause it suggested I was some sort of doctor, and the quotation marks cast doubt over the whole process. I have never "cured" anyone of anything. Hypnosis enables one to understand the complexities of his bothersome emotions. When he can understand them, he can control them.

In any case, Wills did feel better and had a good season in 1963.

Except for the daily newspaper reports on his feats, I lost track of Wills until the fall of 1966, when the Dodgers fell apart and lost four straight to Baltimore in the World's Series. Shortly afterward the team went to Japan for an exhibition series, and there were rumors in the press that Wills wanted to go home.

One day in Tokyo he was missing, and the Dodger management was unable, or unwilling to explain his mysterious disappearance.

A few days later Wills showed up in Honolulu where, with his musical friend, Don Ho, he entertained a night-club audience with his banjo. Under the circumstances, his performance got no rave reviews either from the press or the Dodger management, and he was in a belligerent mood when he arrived in Los Angeles. He offered no apologies for leaving the team in Japan and, publicly at least, did not defend his action.

But the moment he was safely alone in his Baldwin Hills home, he telephoned me and asked for an appointment.

We had three sessions, two at the office and one at his home, and during these talks the fiery little shortstop took the cork out of his bottled-up emotions. When the Japanese tour was announced, Wills was already suffering severe knee pains. He was apprehensive about his athletic future—"I thought my days were numbered," he said—and he wanted to stay home and rest. It had been a long, grueling season and his legs and hips were scarred from the many violent slides into second base.

But because Wills was a big box-office draw—more so than any other Dodger except Koufax—the management insisted he make the trip. He rebelled after playing three games and walked out.

Our first problem was to get rid of the pain—and we did. As before, the pain and physical disability were of mental origin, and when he considered the facts under hypnosis he had a more mature attitude, and his confidence was restored. He admitted during one trance that he had qualms

about leaving Japan, but said he could not control himself because of the pains and fear of the future.

Shortly afterwards Wills was stunned when the Dodgers traded him to the Pittsburgh Pirates. He had hoped the management would see his defection in its true light, but running a baseball team is often a ruthless business. You do not disobey Walter O'Malley with impunity, and Wills got the extreme penalty.

As I write this Wills has a fine batting average—and he is still making the exciting plays for which he is known. I have also been intrigued by the fact that Wills recently made a confession of some personal thoughts never before mentioned outside of my office.

He accused Giants' pitcher Ray Sadecki of aiming fast balls at him with deliberate intent to hurt, and he said he would get even "if it takes me a month, a year, or two years. I want to sting him."

An Associated Press dispatch said "Wills doesn't play baseball to win friends," and quoted him as saying: "I don't believe I have any friends in this league. It's not any great hostility, but when I've got the uniform on it's every man for himself."

When I've got the uniform on.

The men in the uniforms are all the same in professional sports. Whether they wear shin guards in hockey, hard helmets in football, spiked shoes in golf, or a dinner jacket in a billiards tournamennt, the men inside the uniform are out there to win. This consuming ambition, which is basically no different than the combative drives in banking, big business, motion pictures, or other fields, creates tremendous internal conflicts, and I see them often in my daily work.

The late Tony Lema, whom I first met when I was still in show business in Nevada, came to see me about some irritating "super sensitivities," as he called them. Tony was heading for the top, and his emotional perspective on bad shots was slowing down his golf game. There were invisible hands interfering with his tee shots, and he felt that his own mind was betraying him every time he missed an easy putt.

I hypnotized Tony several times—his wife was present at some of the sessions—and I concentrated on strengthening his confidence in his talent and his future. There were some minor personal problems involved, too.

I kept in touch with Tony when he made the pro tours

around the country, and I was pleased to see that he was winning more tournaments and prize money than he had in the two or three years before trying hypnosis. The airplane crash that killed Tony and his lovely wife in 1966 was not only a grievous personal loss to me; the game of golf lost a colorful man.

Tony Lema was only one of many pro golfers who use hypnotism to bolster their confidence, but I am not at liberty to mention their names. They would tell you, though, that this science has done more to improve their attitude and their game than all other material aids put together. The man who approaches the tee with complete emotional security—and you've seen the stars do it completely surrounded by jostling strangers—does not need hormones, oxygen, energy tablets, or any other stimulant. He *knows* what he can do.

Knowing the tremendous stress under which most professional athletes perform, I have often wondered why coaches and managers do not organize what I might call a communications department to handle the acute problems that come up every day.

On a baseball field, for instance, there are nine men, each one with different sensitivities.

They are under a merciless scrutiny when they play—they eyes of the fans, many of whom are lay experts; the objective gaze of coaches, managers, and owners; the clicking lenses of press photographers, and the dissecting close-up of the television camera.

Many of the younger players are competing against older men who were once their idols and had taught them fundamentals, and in effect they are trying to surpass their benefactors if they can. Thus there is a sensitivity complex present as they climb the ladder to success over the reputations of their predecessors.

When a player has a gripe, he can't take it to the front office without being considered a squealer. He lets his problem burn up his insides because he has no escape valve for it.

I am convinced that any organization which requires team play and a one-track sort of devotion would benefit by having a full-time hypnotist available to the employee who needs emotional balance. Hypnotism can reverse a negative attitude, and straighten out player problems that coaches and managers simply can't solve.

I believe that the so-called batting slump, which baffles players and fans alike, is nothing more than an emotional

slump. Why does a top-rung young pitcher suddenly lose control? It isn't because he's forgotten how to pitch. There is a reason in his unconscious mind that hypnotherapy would find.

Leo Durocher obviously considered the possibilities when he came to me, and he saw it work with Maglie, but I am not very hopeful that today's managers will be far-sighted enough to use hypnotism on a regular basis. It is much easier to dump the player who flops—trade him or sell him—than to make a salvage effort.

I have often wondered whether the Jackie Jensen story might have had a different ending if he had had hypnotic counseling at the start of his career.

Jensen, the great outfielder for the Boston Red Sox, mystified his friends and the public when he quit the game at the end of the 1959 season, only a year after he had won the Most Valuable Player award. He sat out the entire 1960 season in California, commuting between his home at Lake Tahoe and an Oakland restaurant in which he is a partner.

In September 1961, I was appearing at a nightclub on the Nevada side of Lake Tahoe when Jackie—who had been a friend for some eight years—called on me at my hotel. He said he had to go to Boston for the opening of a bowling alley by his friend Sammy White, the Red Sox catcher, but he could not get there in time unless he took a plane.

"Sounds like a nice trip," I said.

"Yes, Arthur," he said, "except that I don't fly. I'm afraid to."

"If it's any comfort to you," I said, "you and maybe a million others have the same problem."

"I guess it sounds silly, but I'd like to know why, and I'd certainly like to get over it."

I hypnotized Jackie that afternoon, and while he was in a deep sleep I took him back to his boyhood. He remembered several little experiences in his teens, but none of them had any special significance. Then, as though he had opened a locked door, he said: "I am ten years old. My brother and I are in the yard, making toy airplanes. We take matches . . . set them on fire . . . and throw them into the air. They're on fire . . . burning up . . . nothing left but black ashes. . . ."

I saw fear distorting his face as he paused for a moment, and then relaxing, he said: "Well . . . I guess I'm afraid of planes burning."

"Wouldn't it be miserable to have this memory-making

unconscious association torture you the rest of your life?" I asked.

He smiled and said: "It does seem silly."

"When you awake," I said, "you will remember what you have said. And when your conscious mind thinks it over you will understand the cause of your fear of planes."

The whole session took no more than ten minutes, and Jackie thanked me and went on his way. Two days later I was in San Francisco for some television appearances when I got a phone call from Dick Skuse, press representative for Harrah's Club at Tahoe, where I was then playing.

"Arthur!" he exclaimed. "You hit the headlines!"

"I did? What for?"

"Jackie Jensen *flew* to Boston, signed up to play for the Red Sox next season, and gave you the credit for curing his problem about flying."

The next morning I picked up the sports sections of the newspapers, and saw wire photos of Jackie Jensen sitting in owner Tom Yawkey's box at Fenway Park in Boston. The news services carried long reports of interviews in which Jensen said: "It is true that I was hypnotized, and because of it I enjoyed my trip east. I'm still not tickled to death about flying, but it doesn't bother me the way it used to. In the past, when I was going to fly, it used to disturb me for two or three days in advance, and I couldn't sleep."

Sports columnist Art Rosenbaum of the San Francisco *Chronicle*, discussing Jensen's decision, recalled one trip when Jackie cracked up because he had to fly to Boston to receive the MVP award. "Jackie was fidgeting all over the front seat of his car before he even got to the airport," Rosenbaum said.

"In the plane the stewardess wrapped him in blankets because he was shivering like St. Vitus. The pilot then came into the cabin, saw the quivering patient, and ordered him off the plane."

In February 1961, Jackie signed his Red Sox contract, which called for $40,000 a year, and at the spring training camp the sports writers wrote that he was "sensational."

But when the season opened in April, Jackie went into an unaccountable slump, and toward the end of May his batting average was well under .200. When the Red Sox arrived in Cleveland for a series, Jackie was missing, and there were rumors that he had told fellow players he was "through" with baseball.

While newspapermen were searching the country for the vanished outfielder, he was sitting with me in Las Vegas.

He had come there by train for a series of hypnosis sessions because he had suffered a recurrence of his old fears and anxieties. Also, he revealed a personal problem which, rather than the fear of flying, was probably the real cause of his emotional troubles.

And whenever it arose, he used the airplane phobia as a kind of crutch. He needed an excuse for his lack of interest in baseball, and he wanted people to think it was brought on by his aversion for planes. We had long talks during our meetings, and I was certain that most of the new pressures were gone. I stuck my neck out and predicted that Jackie would rejoin the Red Sox for their series in Los Angeles.

The baseball writers scoffed, and one wire service sent out a story ridiculing my forecast.

Nevertheless, Jackie did show up in Los Angeles for the games with the Angels, and he played out the season. He took many airplane flights then and, as for as I know, still does. On some of the trips he actually fell asleep, and had to be awakened by his wife. Jackie gave up baseball in the fall of 1961, and has never gone back.

He knows why he quit.

So do I.

And at this point, since he is happy in the business world, I don't think it's important for anyone to speculate about the motivations involved. I can only say that hypnosis helped him as it has many other fine athletes.

There are Jackie Jensens in every kind of sport—with problems of varying intensity—and I'm proud to have worked with many of them. A few of the cases were on an experimental basis in that they involved groups, rather than individuals, and there was no single problem to solve. Others involved consultations with athletic stars you may be seeing on television right now, but who are embarrassed about admitting their shortcomings in print.

During the Olympic Winter Games at Squaw Valley in 1960, Art Linkletter invited me to entertain the visiting athletes.

Without interpreters, the trance state was achieved en masse, with dozens of young men and women from thirty-six countries.

Few spoke English, but because of the introductions of my presentation, made by interpreters in various languages, their awareness of my intentions served to create a recep-

tivity to hypnosis. During the induction, heads were nodding all over the auditorium, like apples hanging from a tree.

I chose a representative group from the audience while they were hypnotized and had them ushered on stage for my demonstration. One was a young Russian covering the games for the Moscow newspaper *Pravda*, and because he understood English I singled him out.

Visiting Russians always attract attention in the United States and the news cameraman took pictures of the hypnotized *Pravda* correspondent. After the show the Russian returned to his table, and there his companions told him he had been photographed.

I have rarely seen a man in such a panic.

White-faced and shaking, he ran out of the auditorium and went to the photo department darkroom. He painted a grim picture of what could happen to him if the photographs were printed, and demanded immediate destruction of the negatives.

His terror was very real. The cameraman silently handed him the still wet negatives, and the Russian tore them in pieces. When I heard what he had done I was relieved that I had not used him for a demonstration of posthypnotic suggestion. I wonder if he could have been influenced to yell: "Communism is no good" or "Let's be friends!" It might have cost him his life. Under less critical circumstances I once made a Coca-Cola executive's wife say: "Schweppes is the best drink in the world," and in Vancouver, B.C., among other instances, a dignified Canadian RAF officer used a four-letter word he had never said in public before when he was told to describe his commanding officer.

The impact of posthypnotic suggestion is especially noticeable in mass hypnosis.

Since most people are susceptible to suggestion even when they are in the normal state—one person yawns in a crowd, for example, and soon a dozen others are doing likewise—it is relatively simple to get a group reaction in hypnosis. In Tokyo some years ago I hypnotized a group of young men—though I spoke no Japanese and they understood no English. It was done in pantomime, live on television (NTV, Tokyo).

One of the most intriguing experiences in mass hypnosis for athletes happened in Houston in 1964.

One afternoon I was summoned to the home of Guy

Lewis, basketball coach for the University of Houston. The problem was this: his team, which had shown considerable promise early in the season, was in a slump. They had been defeated by their chief rival, Texas A & M College, two months before, and that evening they would meet the Aggies in a return match. Lewis thought I might be able to help his players.

I hypnotized seven members of the Houston varsity. One had what he thought was an injured hand. Another was convinced he was losing his sense of timing. A third feared the loss of his athletic scholarship if he didn't make good. Each player had some anxiety which, of course, was making him press, with the result that collectively they were in a slump.

I worked with each boy individually, leaving him with a positive attitude about his problem. Some were frankly skeptical about the possible value of hypnosis, and two refused to believe they had been hypnotized. Nevertheless, Houston beat the Aggies 73–65—an upset reported on the front page of the Houston *Press* with this headline:

PITY THE AGS—THEY WERE WHIPNOTIZED.

Only a month before my trip to Houston, I had been asked to demonstrate mass hypnosis for the Rose Bowl contestants—the football teams of the University of Washington and the University of Illinois.

On Christmas Day, 1963, I hypnotized twelve men from each team, an assignment that I took with mixed loyalties. I had friends backing both teams, and so I avoided posthypnotic suggestions about winning—which, incidentally, are not necessarily effective. The next day I was visited by Dr. M. D. Timberlake, team dentist for the Washington Huskies.

He told me that Junior Coffey, the Big Six Conference leading ground gainer, had suffered a bone fracture of the left foot during practice. The team physicians told Coffey he could play with a specially made shoe, but the fullback, whose foot and lower leg was in a plaster cast, hobbled around glumly on crutches, and was officially declared out of the game.

Dr. Timberlake suggested I might be able to change Coffey's mind, and he took me to the player's room in a Long Beach hotel. He said the X-rays showed that he was able to play but that an overprotective fear was responsible.

I put him under quickly, and at my direction he did knee

bends and walked around comfortably on his injured foot. "Does it hurt?" I asked.

"No, sir," the boy replied. "It doesn't hurt at all."

I explained logically that if he were comfortable in this state he would have assurance about comfort when he was awake. Then I woke him.

He gazed at both of us as though he had just come out of a dream, glanced at his watch and said: "Excuse me, gentlemen. I got a date with my girl." He clumped out of the room on his plaster-encased foot, and the crutches lay forgotten on the floor.

On New Year's Day, Coffey was sent into the game—without his cast—to replace an injured second-string back. He carried the ball four times for a net gain of twenty-one yards.

Dr. Timberlake subsequently gave the press a statement which reflects the unfortunate prevailing attitude. "The NCAA frowns on hypnotism in connection with intercollegiate athletics," he said. "However, I do believe that a series of hypnotherapeutic treatments could have helped Coffey or any other athlete who might have a mental blockage."

Amen to that, Dr. Timberlake.

NCAA frowns or not, I subsequently hypnotized other Rose Bowl players, including UCLA and Michigan State teams just preceding their 1966 game. You may recall that UCLA stunned the experts by winning—14 to 12—and I wonder now whether local pride made me work a little harder on the California team.

chapter seven

YOU WALKED THROUGH A DRUGSTORE ONE DAY, glanced around to see if you were being watched, stuffed some expensive perfume into your bag, and walked out.

Last night, after one too many, you smashed into a parked car, and then drove home at high speed without reporting what you had done.

One summer evening you offered a girl a ride, seduced her in the back seat of your car, and deliberately used an alias so she could not find you again.

Could I hypnotize you—and make you confess to these crimes?

The answer is "No."

It is true that in hypnosis certain basic resistances are lowered, but you would instinctively set up defenses, knowing the penalty, and would not expose yourself. You might even fabricate stories directing suspicion toward someone else.

Although I have taken a negative stand on crime confessions by hypnosis, there is growing evidence that eventually hypnotism will be a useful tool in the investigation of crime—but only when the public and law-enforcement people clearly understand what this science can, or cannot achieve. As it stands today, many a juror might innocently be influenced by a long-standing aura of suspicion over hypnotism.

There was a case in California recently in which nine girls, ranging in age from ten to twenty-one, testified in court that their dentist took sexual liberties while they sat hypnotized in his office chair. He was convicted by a jury and is now in prison.

The facts in the affair of the amorous dentist are self-evident. He denied using hypnosis and that charge was never pressed. But he did have a previous arrest on his record for "molesting" young girls, and he admitted in court that he might have "accidentally" touched them improperly. On that basis the jurors found him guilty.

If he had used hypnosis, then it is quite evident that he had a meager knowledge of the science. Any expert knows that subjects are brightly aware during their hypnotic experiences and that offenses would surely be reported—even if a posthypnotic suggestion were given "not to remember." Although such a suggestion is often effective, it is dramatically ignored when one's sense of security, morality, or religious concepts have been violated. Remember, we are conscious of our actions during hypnosis.

No matter what the prosecution claims in a case like this, hypnosis is never an implement for rape and seduction—it is simply a case against a rapist.

In the Coppolino case in New Jersey, there was specific consideration of the fact that hypnosis was used.

The jury rejected Mrs. Marjorie Farber's sworn testimony

that Dr. Carl Coppolino gave her a post hypnotic suggestion to help him asphyxiate her husband, a retired Army officer named William E. Farber. Defense Attorney F. Lee Bailey labeled her story a "cruel hoax," and called two medical hypnotists to testify that no one can be hypnotized into committing a murder. Coppolino was acquitted of that charge.

What *can* hypnotism do in a criminal case?

It can help an innocent man.

It can find hidden truths which often put an entirely different perspective on a crime.

It can prevent a crime, or save a life.

Let's consider the strange case of Doyle and Leona Lanphear. On a chilly February evening in 1962, neighbors found Lanphear in an apartment at Fresno, California, with his hands clutching his pretty young wife's neck. She had been choked to death and, though the young husband was the obvious killer, he would not concede that he had done it. Indeed, he could not remember how he got there, or how his hands happened to be holding her throat. He did not want to remember, of course. His conscious mind had locked up the details of something he could not face; therefore, severe amnesia.

His attorney, Richard Case of Sacramento, California, thought there might be useful defense information behind the amnesic block, and asked me to hypnotize his client.

"There is no known motive for this crime," he said, "and Lanphear might come up with something that would explain what he did. As things stand now, he has no defense."

I felt that getting confessions is the duty of the police and the prosecution. I did not want to be in the position of obtaining information that might put a man into the gas chamber, even though I was certain that my evidence would not be admissible under the Fifth Amendment.

On the other hand, having profound faith in hypnotism, I had a sense of obligation about this unfortunate young man, and I agreed to see him.

We went to the county jail in Fresno, and were given permission to take the prisoner to an interrogation room. He was an excellent subject, and when he was in the deep trance stage I asked him the direct question.

"Doyle, did you kill your wife?"

He seemed to be probing his subconscious mind; then he mumbled unintelligibly and I sensed that he was "seeing" something.

"Doyle," I said, "you will direct your mind back to that evening with Leona. You will be able to recall everything that happened, and I want you to tell us about it. I want your innermost thoughts. You will realize the value of telling the truth to your attorney."

He began to talk, slowly at first, but he was lucid and there was no hesitation as he re-created the scene.

"My wife and I are separated, and we have agreed to a divorce," he said. "But I still love her very much. Every once in awhile she'd call me and ask me to come over. I'd say: 'Sure, honey.' And I'd go there, and we'd go into the bedroom and make love. Later I'd take her out to dinner, and we'd talk. But I couldn't change anything, and she wouldn't take me back."

"Then what happened?"

"Well . . . it went along like this for quite awhile and then one night she asked me if I'd take her out to dinner. I said: 'Sure.' So I got her at the apartment, and her father . . . my father-in-law . . . went along with us.

"We went to this restaurant, and there's three servicemen at a table alongside us, and they're giving her the eye . . . and she starts flirting with them openly. So one young fellow comes over and asks Leona if she'd dance, and she says 'yes,' and gets up and dances with him. She's dancing very suggestively . . . sexy . . . and she's doing it deliberately and teasing me.

"She knows I'm very jealous . . . and she's laughing, dancing past the table. So then she comes back to the table and says: 'Honey, do you mind very much if I don't go home with you? I've got a ride home.' "

Watching Lanphear as he spilled out the words, I had a very clear picture of an immature young girl, cruelly playing a dangerous game.

"Did he take her home, Doyle?" I asked.

"We go to the parking lot," he continued, "and I was going after her, and my father-in-law says: 'Don't do it.' So I let her go, and I went home. After awhile the phone rings and it's Leona. She says: 'Are you mad, honey?' I said 'Well . . .' and then she asks me to come to her place.

"I went over there and she's so warm and cuddly and so right then we had sex. When it was over I said to her: 'Why is it you always pick me up and put me down?' She said she didn't know. And I asked her: 'How long are you going to pick me up and put me down?' She laughed at me and said: 'Probably forever.' "

Lanphear stopped talking at that instant. But his fingers were clawing air and the veins swelled in his neck. His arms went up, and his hands grabbed the air. He was sucking in his breath, and frothy bubbles came from his lips. He was killing Leona Lanphear before our eyes, and Richard Case, perspiration flooding his face, stood up and cried: "Get him out of it, Arthur!"

"I will," I said. "But first I'm going to give him a post-hypnotic suggestion so he will not remember what he said here today. I don't wish to tamper with his amnesic condition."

I touched Lanphear gently. "Doyle," I said, "I'm going to count, and when I reach the number six you will awaken. You will not remember what you said. You will have no memory at all about it."

I woke him then, and he was returned to his cell. But Case was satisfied. Now he knew exactly what had happened that tragic evening, and he had the motivation for the crime.

When Lanphear went to trial some months later, I advised Case that his client could be hypnotized again at any time, and that he would once more relive the crime exactly as he had in the county jail. There was a long but friendly discussion in the judge's chambers. The district attorney never did know how much Lanphear had revealed.

Judge Leonard Meyers, who was presiding over the trial, was not dubious about the value of a hypnotic examination, but he felt that it was just as inadmissable as evidence obtained by a lie detector, truth serum, or anything else in which a man testifies against himself. However, he said he would allow it if the district attorney were in accord. He was not. Nevertheless, in preparing his defense, Case was able to use the information we had. He showed that Lanphear was goaded to murder by a frivolous girl of doubtful character, and that there was plainly no premeditation. The jury accepted the facts, and Lanphear was saved from the gas chamber with a second-degree verdict.

Case had no choice, of course, but I felt that the cause of justice would have been better served if the jury could have seen and heard Lanphear in his vivid and illuminating re-enactment of the crime. They might have seen it as justifiable homicide.

We were on our way out of the courthouse when I was intercepted by a burly deputy sheriff.

"Excuse me," he said, "aren't you the hypnotist who worked on Lanphear?"

"Yes," I replied.

"Well, sir . . ." he said, "I walked through the interrogation room that day while you were working on Lanphear. I had a guy with me charged with robbery, and we were just going to book him. So I nudged this crook and I said: 'See that?' pointing to Lanphear. 'See what they're doing to that man? Well, you're next on the list.' "

"What happened?"

"The guy confessed," the deputy said. "You scared the hell out of him!"

In Columbus, Ohio, District Attorney Earl W. Allison allowed the defense to hypnotize a man named Arthur C. Nebb while he was on trial for first-degree murder. Nebb had interrupted a tryst between his wife and her lover, one Estell Stepp, and in the ensuing scuffle Stepp was killed.

Nebb was hypnotized by a state psychiatrist, and while in the trance state he testified—with the jury out of the courtroom—that he never saw his victim when he fired the fatal shots. He said his wife had grabbed the gun, and he had started shooting.

When Nebb ended his story under these unique circumstances, District Attorney Allison immediately reduced the charge to manslaughter and aggravated assault, and Nebb was permitted to plead guilty. "He convinced me," Allison said in the press reports, "that he did not intentionally kill Stepp. I don't know any place in the country," he added, "where hypnosis has been used. I have to admit it was unusual."

Perhaps, with precedent thus established, other courts will someday concede that a defendant is entitled to all the help he can get—including hypnosis.

I prefer to think of hypnosis as an available aid for a defendant in a criminal case, and for that reason I have rejected requests from police officials who have asked my help in extracting confessions.

In Las Vegas one year the police, with one body as the needed corpus delicti, charged a man with murder and got a confession. But they were convinced there was a second victim, and they thought I could put the culprit in a trance and extract the information.

The police were merely suspecting, and I did not want to be involved in that kind of experiment.

I have given so many demonstrations of hypnotism to

groups of police officers, prosecutors, probation officers, prison administrators, and other men in law enforcement that I suspect that several think of me as a last resort when there is a stubborn prisoner.

But to reaffirm my own position in these cases—I am willing to participate in any attempt to help a suspected transgressor prove his innocence.

One police official in Reno would not be sidetracked, though, and he asked me to counsel the lie-detector experts in his department. I agreed, provided I was convinced that polygraph interviews could actually detect a falsehood, and I suggested they try it on me.

They attached wires and tubes to my arm and chest for a continuous recording of my respiration, blood pressure, and any flexing of the biceps muscle, and began asking me routine questions.

After five of these innocuous questions, the interrogator looked over the wiggly lines on his charts. "You told the truth about everything, but you lied about never speeding in your car, Mr. Ellen."

"The machine is unconstitutional," I protested laughingly.

I doubt that lie-detector tests will ever achieve full stature in a courtroom, but I have had enough personal experience with hypnoanalysis to feel that it deserves recognition in criminal cases. It can bring out the whole truth.

One of my dramatic adventures in the crime-prevention field involved a newly married young man we will call Eddie.

Not long after the wedding, with a baby on the way, Eddie started a curious campaign of constant needling, whether he was alone with his wife or in the presence of friends and relatives. He referred to her "lousy" cooking, or "the sloppy way you dress," or "the thick dust on the furniture." Once in company he said: "Jean took special pains tonight. She combed her hair with an egg beater."

The verbal assault then became physical. He slapped her, then threw her down a flight of steps. Finally, when she was asleep one night, he tried to smother her. She screamed so piercingly it jarred him out of his frenzy and left him drained emotionally.

Jean was numb with fright and left the house immediately. She said she would not live with him until he talked to a minister or psychiatrist or someone who could help him control his temper. His father brought him to me. Eddie was terrified of his compulsive outbursts of temper.

He was a solemn, repressed man who slumped in a chair.

In our first conversation in the conscious state he would think of nothing that could serve as a possible clue. But when hypnosis was induced he talked readily about his wife. "Everybody likes Jean," he said, "but to her friends I'm just a grouch."

"Does your wife think that, too?"

"She sure does," he snapped. "Always nagging . . . why don't you put a smile on your face? If she said it once she said it a million times. Not only my wife but everybody—my father, my mother. I've been hearing that all my life. It's coming out of my ears and I'm going out of my mind. Jean knew I'm not the smiling type before we were married. She said she didn't mind it at all—in fact, if she did I wouldn't have married her. I don't like anybody to even mention the word 'smile.' "

"Why?" I asked.

"I wish I knew," he said.

I recognized a sense of futility in his answer, as though he had been searching for the reason forever.

"In this state you will be able to remember the experience which was responsible for your sensitivity about smiling. You will see where you are—how old you are—and what is taking place. Relax and allow your memory to recall that experience."

He regressed to the age of seven and said: "I fell off my bike—I'm bleeding—my lip is cut—my mother takes me to the emergency hospital, and a doctor stitched the cut. He turns to me and says: *'Don't smile or you'll break the stitches.'* I don't remember ever smiling again."

"No wonder people thought you were antisocial," I said. "Now you can realize that this innocent childhood experience has come very close to ruining your marriage, to say nothing of your life. As you grew older, this misinterpreted advice from the doctor literally froze your face muscles until you could not smile or laugh."

I woke Eddie, and we discussed the forgotten traumatic words. "From now on," I said, "you will be able to smile like other people, and your whole life will be changed. In fact, I think you are starting already."

And he was. A shy, almost hesitant smile brightened his once somber face, and he went home with it. You may doubt that such a trivial incident could have such a devastating effect. But it happens. A few drops of nitroglycerin can blow a safe. Mere tongue contact with a few grains of potassium cyanide can kill you. And so it is not surprising

that a sentence or two, striking a sensitive childish mind, can cause similar destruction.

There is currently a great deal of public discussion on the juvenile delinquent, especially since the FBI summaries indicate the shocking percentage of crimes of all kinds committed by the teen-age group.

Sociologists, educators, police officers, and others wrestling with the problem have come up with a sheet full of explanations—poverty, broken homes, racial strife, lack of education—but these are not answers at all, and there are new crimes every day.

Psychiatry has used analysis, inkblot tests, and other devices to examine the minds of the transgressors. Thus "treated" and presumably cured, these young people are released from reform schools, penitentiaries, and jails, and sooner or later they are arrested again. Psychiatry and all the other panaceas cannot find the drop of poison in the unconscious mind.

But hypnotic regression can often dig it out—not in a year or two of psychoanalytical treatments three times a week—but right now. In minutes, not hours. In a day or two, not months.

I have demonstrated this remarkable process with teen-age subjects at many gatherings of police officials. I find enthusiastic acceptance, but I also find timidity about bucking the established routines.

Regression can also help adults involved in the compulsive crimes—arson, shoplifting, petty theft, forgery, and similar offenses—especially if they develop the sort of guilt amnesia I found in the Lanphear murder case.

Recently I had a client—a responsible official in the city government—who woke up one morning and found himself in jail, charged with drunken driving. He had no recollection of anything that happened the preceding night, and thus had no defense. His case was coming up in a few days.

Under hypnosis he remembered every detail—starting with a couple of drinks at a bar en route home. He saw himself arrive at a stoplight that shone red in the night, and he was thinking about some office problem when he made an illegal left turn. Behind him red lights blinked—he thought it was the traffic signal—and he kept going.

The lights were actually on a police prowl car, and seconds later he was forced to the curb.

He was seized with panic, particularly when the two officers forced him out of the car and told him to walk a

straight line. He wobbled, got confused when he was asked to turn around, and moved away from them. They immediately drove him to the nearest station, took fingerprints, and tossed him into a cell with two bunks, one occupied by a snoring drunk.

Now that he could remember all the details, he was able to go into court and tell his story.

In another southern California case, I had the unique experience of having a client brought to me by the police.

She was a prominent and fairly wealthy matron who had been caught shoplifting watches of various kinds in a department store for the fourth time. Because of her position in the community the police were unwilling to book her, especially since the goods were always returned with no damage except broken crystals, but the problem was getting to be a little sticky. She had undergone psychoanalysis but this compulsion persisted, and the police chief in her town thought I might be able to help.

She was not entirely a cooperative subject, and I was unable to hypnotize her until the second session.

Then she achieved a very deep sleep state, and when we explored her childhood years she remembered going into her father's room—she was perhaps six years old—and picking up a pocket watch she saw on a dresser. At that moment her father walked in and yelled: "Put that down! Don't touch anything that doesn't belong to you!" She was so frightened the watch slipped from her hand, and the crystal was shattered when it hit the hardwood floor.

Her father slapped her hands and locked her in her room as punishment.

"I hated that man," she said. "My mother never had the courage to talk back to him, and I told her I'd get even with father someday for the way he treated us. I thought of him every time I went into a big store, and I had this irresistible urge to steal these things."

"Every time you did that," I said, "you were driven by an unconscious impulse to hurt your father."

"Yes, I suppose so."

"Actually, though, you had a guilt feeling about your hatred and your threat to get even with him. So you were really punishing yourself when you stole."

I had already learned from the police that she never made any attempt to hide the stolen watches after she cracked the crystals, and it was obvious that she was hoping for arrest. There was momentary relief when the store

detectives caught her with the loot, but the compulsion remained.

Now that the components of her problem were out in the open, she was able to talk about it reasonably and with obvious relief. Subsequently, she reported, "You'll never really know the pleasure I experience when I go shopping now—*free as a breeze.*"

Crime is a logical extension of motivations concealed in the unconscious mind. There will be less of it when hypnotherapy attains its deserved recognition.

chapter eight

WHAT IS THE ONE PROBLEM that causes the most failures and the most heartaches as we go through life?

Is it illness? Money troubles? Love? Frustrated ambition? Drinking? Drug addiction?

It is none of these.

When Franklin Delano Roosevelt gave his Inaugural Address in 1933 and said: "The only thing we have to fear is fear itself," he was putting his finger on a failing which, quietly and undramatically, afflicts more Americans than all the other personality flaws put together.

The list of known phobias is almost as long as the list of drugs and patent medicines available in any drugstore.

Most phobias are unreasonable and without an obvious cause. Some respond to medication, or religion, or psychiatry, and few to conscious determination. The day is not far away when hypnosis will, with deserved dignity, be the reliable means to resolve fear.

Every day most of us start the battle of living with some fear that presents an obstacle to happiness and peace of mind.

You go to work, for instance, and walk up six flights of stairs because you have a fear of elevators. Someone else never goes anywhere because of experiencing panic in a bus, streetcar, store, or other place where there is a crowd. I know people—and so do you—who must sleep with a light

on because they're afraid of the dark. The airlines know there are millions who have never flown because they are scared to death of planes. There are people who will turn back if a black cat crosses their path.

Have you ever stood on the parapet of a thirty-story building, or the rim of a canyon, and felt an almost irresistible impulse to jump?

Do you know anyone who develops a rash, or starts quivering when they get near a cat or a dog? Would you believe there are those who get seasick merely watching waves break on a shore?

All these fears—and the emotional and physical damage they cause is appalling—can be traced to a precipitating factor that has nothing to do with physical health.

In earlier chapters I discussed Jackie Jensen's fear of flying and Johnny Mathis' fear of audiences. In the first case, we regressed Jackie to childhood to find the cause of his fear. Johnny Mathis reacted to a posthypnotic suggestion and did not need to explore the past.

But generally speaking, the fears that clutter up the lives of most men and women have their roots in the subconscious mind. And since the subconscious mind never forgets, the aim should be to find the guilty detonator, pull it up out of the dark, and let the subject take a good look at it. It may have been planted there yesterday, or a month ago, or thirty years back, but when we find it we can get to understand it and go free.

Here is a case involving a middle-aged woman who suffered acutely from insomnia. She had a nameless fear of the night hours but was able to sleep during the daytime. But she could not take the time to rest during the day because of family responsibilities, and as a result was becoming dangerously addicted to sleeping pills.

Hypnotic regression brought out that when she was a little girl, her parents, wanting her out of the way during the evening, said: "There's a boogie man in the closet of your room, and if you don't go to sleep he'll come after you."

This warning produced an opposite effect.

The sensitive child was so frightened that she not only stayed awake, but imagined that the closet creature was coming out, and she would run out of the room screaming.

She would take refuge with an older sister, and was allowed to sleep there. The insomnia disappeared, and in time her conscious mind forgot the closet threat. She was mar-

ried in her twenties and, because she slept in the same bed with her husband, she had no problem.

After her husband died and she had to sleep alone, the insomnia suddenly reappeared, and her conscious mind could find no valid reason for it.

When she woke from her trance in my office, I repeated what she had said. "Now you can understand," I said, "how this long-buried fear returned when you found yourself alone at night. There never was any boogie man, and you are no longer a scared child. You will realize this and you will be able to sleep."

Generally, we cannot control fear by understanding the cause and making a conscious decision to be comfortable. If it were that simple, there would be no need for any kind of emotional therapy. Hypnosis, on the other hand, gives us a quality of conviction that we can control our emotions. What our subconscious mind believes can be easily handled by the conscious mind.

Every day, in the major cities of our nation, millions of people turn their cars onto high-speed freeways. Most—especially those who must use freeways, thruways, and turnpikes to get to work—have conditioned their nerves to this bumper-to-bumper kind of racetrack, and their minds are immunized against the hazards of the trip.

But now and then the police or the medical men encounter a driver who can't handle the pressure. Some get lost and cover miles in confusion, like mice on a cage wheel. Others lose control and cause accidents. And some, like a salesman I will call John Foster, are so affected by the freeway claustrophobia that their business suffers.

Foster was a virtual schizophrenic on the subject. "I'm in a vicious circle," he said. "If I take the freeway to make an appointment on time, the traffic makes me a nervous wreck. I almost never get off on the right exit because I have no sense of direction.

"On the other hand, when I ride the city streets, with the traffic lights and the slow traffic, I wind up late for my appointment. At the end of the day I've lost a lot of important sales and I'm a basket case."

Hypnosis revealed some significant clues.

He recalled that many of his personal friends, who did not have to drive the freeways, said they couldn't understand how he survived the ordeal every day. Some suggested he look for an easier job and planted the thought that a disastrous auto crash was inevitable. Prodded by these

thoughtless admonitions, Foster had set for himself a schedule he couldn't possibly meet. He finally confessed what his conscious mind had rejected—that he secretly hoped he'd be fired, and thus avoid the dreaded freeway driving.

The moment he understood the conflict his whole attitude changed.

I suggested that he budget his time so he could drive the freeways without a feeling of pressure, and give up his oversensitive concern about other cars whizzing past. He really liked his job, and he was a competent driver with no accidents on his record. I gave him posthypnotic suggestions to consider the freeway as just another street and to drive without tension. As a result he stayed on the job and when I last heard from him his phobia had disappeared.

Incidentally, the syndrome loosely called "highway hypnosis" now seems to be an established fact. There are many cases—it may have happened to you, too—in which drivers literally hypnotize themselves on long runs. The drone of the engine, the white or yellow lines on highways, the endless string of telephone or power poles, the glare of oncoming lights—all these induce a sort of trance which, if not shaken off, can cause a fatal crash.

Insurance companies, auto clubs, safety organizations, and other groups have recently begun to bear down on the subject, and some highway engineers have already taken steps to break up these hypnotic road patterns.

In our age of scientific wonders, when a Craig Breedlove drives a car six hundred miles an hour, when jet planes zip across the country in a few hours, and astronauts circle the globe at speeds that stagger the imagination, it is surprising that anyone is jittery about the swoosh of cars on the freeways, or the rocketlike path of jet planes. However, progress has different effects on some personalities, and fears develop in them. The most common fear, of course, whether travelers have flown or not, is the possibility of a fatal crash. At least one company, Pacific Air Lines, recently brought this out into the open with a series of advertisements addressed to those with "sweaty palms."

The thought behind the ads—and you can be sure other airlines took a sour view of the campaign—was that it is healthier to discuss the hazards and evaluate them than to take the hush-hush attitude. But though the theory was sound, it apparently did not increase business.

The idea is more or less a parallel to a principle in hypno-

therapy—to locate the buried fear and talk about it openly. Usually it works.

Let's talk about Tony Curtis.

Tony, who could light up a room with his nervous energy, was at Lake Tahoe in 1962, making a picture called *Forty Pounds of Trouble*. He and his friend Danny Kaye were sitting around their hotel one afternoon when Danny suggested a quick flight around the mountain area in his private plane.

"Who? ME?" Tony exclaimed. "You must be kidding!"

"What do you mean?"

"Well, I thought everybody knew I don't fly," Tony said. "I haven't been up in a plane in ten years."

"What do you do—ride a horse to the studio?"

"I take trains and boats and cars," Tony replied.

Danny suddenly realized Tony was serious, and he asked if he had ever done anything about the fear.

"Of course," Tony replied. "Psychiatry. Plenty of it."

Someone then mentioned my name and suggested that Tony had nothing to lose by trying hypnotism. Tony was agreeable and the following day I went to his hotel suite.

"What am I in for?" he asked. "I've never had this experience before."

"You will find it a very pleasant adventure," I said reassuringly.

He told me that his fear of airplanes was a tremendous handicap in his work. In a business where minutes are often worth thousands of dollars, he was losing time again and again because he had to take relatively slow trains and boats on long journeys. It not only meant personal embarrassment, but he was also in love with a beautiful German actress, Christine Kaufmann. She was on location in Europe, but an eight-day trip to Europe was out of the question.

"I really want to lick this thing," he said.

Tony was in a trance by the time I counted to ten. His first clear recollection took him back to the time of World War II when he was a signalman on the submarine *Dragonette*. He had always dreamed of an acting career, and when a snapping winch chain paralyzed his legs and put him in a hospital for four weeks, he thought he would never walk again.

After the war he got a part in *Golden Boy* in a Greenwich Village theater, and was spotted there by Bob Goldstein, talent scout for Universal-International. He was flown to Hollywood for tests—he said he suffered acutely from the

fear that a crash would end his career before it started—and he got his first contract.

During the apprentice period with the studio, Tony was constantly in the air—on personal appearance at Army camp shows in England and Germany—and he never left the ground without liberal doses of sedatives. Then came a series of emotional shocks: one plane caught fire and landed on a field where ambulances waited; another was lost in a fog; a third flew through a storm so violent that "even the crew turned green," as he said.

Now the dangers seemed repetitive, and he saw them as a threat to his career. "I said to myself—this is it," Tony recalled. "No more flying. I haven't been up in the air for almost ten years."

"When you made that vow," I said, "you were condemning yourself to an intense form of isolation."

"Oh, I know," he said. "But there are an awful lot of crashes."

"Death has a thousand doors," I said. "Do you swear never to drive again simply because you see a crack-up on the road? Do you stay off boats because a ship sank? Do you stop taking baths because somebody slipped in a bathtub and broke his neck? Thousands of people have been killed in railroad accidents, but you're still riding trains."

When Tony came out of his hypnotic sleep, we had a discussion about his phobia, and he admitted a new sense of freedom he had not known for years. That afternoon, indeed, he soared aloft in Bill Harrah's private plane, took the controls for awhile, and the next day boarded a commercial airliner for Los Angeles. From there he flew to Europe, visited his father's birthplace in Hungary, and then flew home. Curtis now has a plane of his own.

The provocative twists of the human mind struggling with fears of one kind or another remind me of a story, probably apocryphal, which has been kicking around for a long time.

There was a woman patient who suffered from insomnia, and claimed there was a snake in her stomach which crawled around and kept her awake.

Her doctor said no snake could stay alive in her stomach, but she insisted the creature was there. All other therapy having failed, the doctor took her into surgery, made a slight incision, and sewed it up. When she awoke he showed her a jar with a live garter snake he'd bought at a pet shop.

"There's your snake," he said.

"Ah," she said. "I knew I was right, but nobody believed me."

She took the snake home, and for the first time in years she slept well. Eventually friends came to look at the reptile and one said: "No wonder you couldn't sleep, you poor thing. Well . . . I certainly hope the snake didn't lay any eggs." Her insomnia was back that night.

The point, of course, is that we make our own fears, nourish them, and keep them going. In fact, some even defend them.

We read a great deal about frigidity in women, for instance. The Kinsey summaries and other reports have indicated that no less than two of every five women are frigid —that is, they are sexually stiff, formal, or altogether forbidding.

The so-called frigid woman is often the woman with a fear of the sexual relationship, caused by guilt feelings, by advice from Victorian parents who considered sex a necessary evil, or by an outright fear of the consequences of becoming pregnant.

I have had many of these cases, starting with a young woman whose happy marriage was threatened because she was a very reluctant love partner. Hypnosis brought out her secret—she had once had an overnight affair before her marriage—and she dreaded having her husband find out. Her strong guilt feeling was intensified by her guilt in not telling her husband. She thought she would lose her husband if he knew the truth, and that was making her freeze.

In another case, my secretary left a memo on my desk to phone a former client. I placed a call and the switchboard operator on the other end of the line asked, "Who's calling?"

I answered, "Arthur Ellen."

She said, "Oh, you're the one who got Susie pregnant."

"What!"

"Just a moment, I'll connect you with her."

"Hello, Mr. Ellen," Susie began. "You may remember that I came to you to learn to relax. Well, it sure worked! I didn't tell you that then, but we had been trying to have a baby for the past twenty-two years. I really was interested in learning to relax so that I could have confidence in bringing up a baby that we were about to adopt, but I relaxed so completely that I became pregnant. I can understand now that in the past I must have been afraid of becoming pregnant. I suddenly remembered my mother telling me that she had three miscarriages before I was born. It was sur-

prising how the memory of that experience came to mind so clearly after I was relaxed by hypnosis. I wondered why I never thought of that consciously during the twenty-two years my husband and I were trying. Everybody in my office learned about it and we are having a party to celebrate the occasion. Two of the girls said, 'Oh, I gotta go see that man!' but I discouraged them. They're still single."

Mark Twain, who was an astute judge of man's character, once said: "Courage is resistance to fear, master of fear—not absence of fear."

It is a rare human being who is without fear of some kind, and yet there are few fears that cannot be blotted out of your life if you are receptive to hypnosis. Some months ago I was asked to call on a seventy-six-year-old woman in one of the small towns near Los Angeles. I rarely make house calls, but the client in this instance was in a wheelchair and could not move. She had suffered a broken hip more than three years earlier and, though the family doctor said the break had healed perfectly, the elderly woman was as immobile as though she had been chained to the chair.

While members of the family were present in the room, I hypnotized her and discovered that she was obsessed with the fear that she might fall once more, and that she might have to suffer again the agonies of her previous accident.

"I want you to realize that you are well," I said. "Your doctor's assurances were based on a thorough examination. You are short-circuiting your life because of fear. But you need not be afraid. Your mind will now dispel fear and replace it with confidence, confidence that you can walk."

She stood up, steady as a stone pillar, and she walked as her relatives watched with incredulous eyes. I woke her as she was standing there, and she was smiling. "I guess we can get rid of the wheelchair," she said.

There may have been other factors involved in her self-imprisonment beside the fear of falling. I don't know. There isn't always the need to use regression, for it is enough to know that the subject has solved the problem, and often there is no need to complicate the therapy. In any case, she was still walking when I last heard from the family.

Many of us lean on figurative wheelchairs and crutches as we face some of the unpleasant challenges of life, but few people know how to break this tenacious bondage consciously.

George Shearing, the famed blind pianist, stubbornly rejected the use of a guide dog for many years because he

was violently allergic to any kind of fur—whether on a coat or a living animal. One day, recounting his life story for a biographer, he went into a sort of self-hypnosis and remembered being alone in a room when he was a little boy, and having a cat leap on top of his head. He suffered the natural terror of the unknown—he had never encountered a cat before, he couldn't see the animal, and he fought wildly to dislodge it. Thereafter anything furry rekindled that boyhood fear, and he was in his forties before he stopped rationalizing the incident and started training with a guide dog.

There are some people noted for their compulsive handwashing—they scrub as often as forty times a day, and others seldom take a shower without washing floors and walls with a germicide, because they have a pathological fear of bacterial contamination.

These fears, though irrational, are very real. Fortunately, hypnosis can disperse them in most cases.

Once I was visited backstage in Las Vegas by a distraught woman from a city in northern Idaho. Her son—a young man about eighteen—was afflicted with asthma, so severe that he had almost choked to death several times. Their doctor was able to help ease the congestion through the use of standard drugs. However, he explained that emotional factors often complicate such conditions.

"Is it possible to uncover the basis for this condition through hypnosis?" she asked.

"Perhaps," I said.

I saw the young man at my hotel, and in the regression process he remembered his boyhood and how much he loved animals.

"One day my father saw me playing with a cat and he took it from me. He said cats shed their hair and I might breathe some of it and get a disease. After that they wouldn't let me get near any of the other animals because I might get hair in my throat. I remember believing I had breathed some hairs and I started sneezing. My father said 'I told you!' "

So there it was.

The fear was put in fertile ground. Animal hair would give him a disease—and it did. The animals were innocent, of course. The boy's parents innocently became overly protective of their only son and came up with an obsession that proved to be responsible. We talked about it at length, and he had an intelligent perspective on his asthma problem.

We would not be normal human beings if we were not subjected to pressures every day—but too many of us are not able to take them in stride. In an address some years ago, Dr. Vincent Askey, president of the American Medical Association, deplored our national lack of common sense and said: "We are rapidly becoming a land of hypochondriacs, from the ulcer-and-martini executives in the big city, to the patent-medicine patrons in the sulphur-and-molasses belt."

Needless to say, Dr. Askey did not suggest hypnotherapy as a treatment which offers more than mere palliative pills, surgery, or psychoanalysis.

A college student vomits or gets migraine because he fears a final exam. A salesman suffers what appears to be a heart attack because he lost the deal that would get him out of hock. A man with an oversize nose is a victim of acute indigestion because he's afraid to be stared at in a crowd. A man contemplates or commits suicide because he is convinced he has incurable cancer, though his doctor's tests are negative.

Fear . . . fear . . . fear!

Here is a blackjack dealer in a Nevada casino, as one example. A red rash covered his hands and arms and no amount of medication would clear it up. Hypnosis brought out the fact that one day he had palmed a few chips, and his fear of getting caught became so piercing that the offending limbs broke out in the rash. Having cleared his conscience and determined to steal no more, his skin cleared, too.

Next comes a sixteen-year-old boy who, scolded by parents and teachers both, feared he was going blind.

It seems that he stumbled against some other students in a classroom, and one said: "Why don't you look where you're going?" In another incident, he was called upon to answer a question. Not knowing the answer, he replied defensively: "I can't see the blackboard." The school nurse urged him to get glasses after the teacher reported his condition.

Actually, as we soon determined, there was nothing wrong with his vision.

When people have shortcomings, they instinctively look for an excuse. Hypnosis brought out the truth—the boy didn't know the answer when the problem was on the blackboard, so he lied and said he couldn't see it. When he bumped into the other students, he was merely being care-

less, but again he leaned on his so-called poor vision. Every time he faced something he couldn't handle and was rebuked by his parents, he found this convenient excuse. And the people around him—rather than looking below the surface—aggravated the situation with their thoughtless words about impending blindness.

It should be clearly evident that many cases of functional blindness are attributable to factors of a related nature.

There was a somewhat similar case involving a high-school girl whose parents, both college graduates and highly intelligent, whacked her with mental whips every time her grades dropped below what they considered she should have because of her ability.

As a result of their constant prodding, the girl erected a wall of fear every time she faced an exam. She had a high IQ, studied diligently, but could not remember the right answers. Her mother was a dominating woman who was now baffled by the girl's failure. Our subject was shy but friendly, and when I asked her about the examination problem, she promptly answered in a whisp of a voice.

"I know I must do well," she said. "My parents expect me to do well. But when I sit down for the exam all I can think of is that I must get a good grade, and I can't remember the answers. I always study hard, and when I'm at home I can write the answers."

"In this relaxed state," I said, "you can more readily realize that Mom and Dad are not complaining about your lack of performance, but are merely evidencing their frustrations because they realize that you are not fully using your capabilities. This realization will have the effect of dissolving your 'fear,' and as a result, from now on, you will find comfort in your studies. You won't get 100 percent in your next exam, but you will find that you will be able to do better than before."

I sent her home with these positive posthypnotic suggestions, and some days later she called me.

"It was very strange," she said. "We had our midterms yesterday and I wasn't worried a bit. The answers were easy and I went right through the test. Then I got to the last question, and I knew that answer, too. I tried to write it . . . but my fingers just wouldn't work. I kept trying to force the pencil . . . then the bell rang . . . I had to turn in my papers. It was wonderful—I got a 98."

I said nothing. Later I had a little guilty feeling about that last question and the fact that she couldn't make her

pencil work. I had told her in the trance: *You won't get 100 percent.* That suggestion had immobilized her arm, and that is the way hypnotism works!

Long afterward I planted a similar suggestion with a college girl that kept her from picking up $100,000 in cash just inches away from her hands. But that's another story, and we'll get to that later on.

chapter nine

IN 1899 THE FAMED RUSSIAN PIANIST and composer, Sergei Rachmaninoff, arrived in London in a deep emotional depression.

He had promised to write a new piano concerto for the London Philharmonic, but weeks passed, and he could only sit and stare at the piano. Finally his relatives, alarmed by his continuing lethargy, persuaded him to see a hypnotist named Dr. Nikolai Dahl.

For more than three months early in 1900, Rachmaninoff sprawled in a chair at Dr. Dahl's home, and while in a trance heard the hypnotist say over and over: "You will begin to write your concerto . . . you will work with great facility . . . the concerto will be of excellent quality . . . go home and think about it."

That summer, without exactly understanding the forces that moved him, Rachmaninoff went back to his piano. Months later he completed his now immortal Piano Concerto No. 2 in C Minor, dedicated it to Dr. Dahl, and played it himself at its world premiere in Moscow.

Rachmaninoff's feat is one of the classic cases in that remarkable phenomenon of hypnotism known as posthypnotic suggestion.

In earlier chapters I have mentioned some of my own experiences with this technique, but because of its increasing importance in the practice of hypnotherapy it merits some amplification.

In its simplest form many people encounter a parallel kind of suggestion every day.

You firmly believe, let's say, that alcohol is a damaging liquid and has an unpleasant effect on you in any quantity. But if there is alcohol in a medicine or cooking sauce or a dessert—and you don't know it's there—you probably won't be bothered by it. There are thousands of people who insist coffee keeps them awake at night, and ask for a decaffeinated drink instead. But if you serve them real coffee—asserting there is no caffeine in it—they will usually sleep just as well. Whether you go to bed at night early or late you awake at the same hour because you have planted the suggestion in your mind; when it drizzles or snows during the winter, and your feet get wet, you may automatically begin anticipating a cold because the suggestion has been put into your mind one way or another. It is not mere coincidence that when winter comes there is a flood of advertisements from companies who want to sell you aspirin, cough drops, nose sprays, and other remedies to cure the cold you haven't yet got. And you can almost be sure you'll catch cold if you are the type whose mind has absorbed all these threatening suggestions.

The conscious mind can sometimes resist but the unconscious mind receiving an order under hypnosis is almost compelled to consider the suggested logic. If your past experiences prompt you to feel that something is to be expected, you may heed the suggestion and lower your resistance. The benefits of the posthypnotic suggestion are virtually without limit.

I have used posthypnotic suggestions freely as an entertainer knowing that no subject would carry out an order which conflicts with his personal principles. During my appearance at Jerry Marsh's Club in Utica, I learned there was to be a Salvation Army Day in the city.

I chose a young man who worked in a supermarket and while he was in a trance I said, "Friday is Salvation Army Day. At exactly 10:15 on that morning you will go to Salvation Army headquarters and make a contribution of $3.17."

Nothing further was said to the young man after I woke him. On that Friday morning, exactly at the appointed hour, he arrived at the headquarters of the Salvation Army and made his donation of exactly $3.17.

It may be argued that the subject "went along with the gag," as the saying goes. Some doubters suspect that subjects following these suggestions do so only because they want to please the hypnotist. It is also known that many

subjects—if challenged—try to rationalize their behavior. Nevertheless, the power of the suggestion is undeniable, and a receptive subject is virtually unable to resist a suggestion which can produce wonderful values.

As time went on I conducted simple experiments in various ranges of suggestion.

I could put an ammonia-soaked handkerchief under a subject's nose and make him believe that it was perfume. I could convince a normally shy man that he was Fred Astaire and have him do a tap dance of almost professional caliber. In Las Vegas, I hypnotized comedian Joe E. Lewis, a notorious gambler, so that he would not be able to pick up the dice that night, and though he tried he was unable to do it.

I have made people weep, laugh, sing, deliver speeches, and direct imaginary symphony orchestras.

These demonstrations, which are standard procedure with most stage hypnotists, are innocuous "stunts" by themselves, and I found that those subjects were proud to learn they could impress an audience. Unfortunately a few critics have chosen to attack the stage hypnotist as though this kind of hypnotic suggestion was an injury. Practically, however, these performances generally serve to make the subject recognize a degree of comfort in performing, and encourage confidence about future activities.

The "off-the-cuff" remarks reach the ridiculous stage when a columnist—such as Merla Zellerbach of the San Francisco *Chronicle*—writes that a woman can hypnotize herself into finding a husband. She mentioned a case history of one woman who tried this idea, and Mrs. Zellerbach summarized it this way: "Then it happened. She met a man through friends and he fell right into her trap. It worked magnificently. The only trouble was—she couldn't stand him!"

Count Marco, a fellow columnist on the same newspaper, then took up the cause with this profound conclusion:

> Hypnosis is a very dangerous plaything, especially in the hands of women. This is even more true if it is to be used for husband-trapping. Self-hypnosis or commercial hypnosis is being used for the sole purpose of sinking a woman into a pitfall of relaxed acceptance so that some man, any man, will be so entranced with the trance that he'll snap her out of it with a genuine proposal instead of a proposition.

No hypnotist worthy of his profession would ever dash off such inanities, knowing very well no man or woman

could be hypnotized to the altar against their will. The net effect of these absurdities is to present a misconception as a fact, and so distort the facts that in some states certain legislators—and this subject will be further developed as we go along—have introduced bills intended to shackle the science.

I might add that in all my thousands of cases I have never had a subject ask me to plant a suggestion that would hypnotize a man or a woman into marriage. What sort of gratification would anyone expect from one motivated by coercion?

Love is a happy state, of course, and for its development there are far better uses for hypnotic suggestion. One of its more striking values is in effecting a better estimation of oneself so that one would ooze the radiance that can easily attract a spouse.

NOW WE COME TO THE SMOKING HABIT.

There are many reasons why people become addicted to tobacco.

Sigmund Freud, who saw a sexual connotation in most human weaknesses, declared that all infants find their first pleasure in life by sucking on a breast or a bottle—first for nourishment, and later for pleasure. Thus sucking on a pipe or a cigarette is merely an adult carry-over of the original sucking pleasure, a pacifying act.

Others believe that since most confirmed smokers started the habit early in life, there were inferiority factors involved. The small boy who dares to smoke where other boys can see him gets a satisfying feeling of importance. He is doing what adults do, and what children are forbidden to do. There are few grown men who have not experienced the delightful rebellion of sneaking their first cigarette, whether it made them ill or not, but most of them would not have taken this step unless they suffered from a basic inferiority. So say the psychologists.

Therefore hypnotherapy sometimes has a double task in breaking the habit—locating the cause through regression, and the use of the posthypnotic suggestion to erase the need for smoking.

In many cases I have found that the confirmed smoker was physically small as a boy, had no special talent, had a father addicted to cigars or cigarettes, but had a certain stature at school because he could—to paraphrase an old saying—"smoke the other boys under the table."

Mark Twain once said: "To cease smoking is the easiest thing I ever did. I ought to know, because I've done it a thousand times."

I met the late Hedda Hopper at a Hollywood gathering one evening not long before her death, and when the conversation somehow got around to cigarettes, I mentioned Twain's sardonic remark.

"Oh, that reminds me, Arthur," she said. "I'd like to talk to you some evening at my home. When can you come?"

I picked a date for the following week, and when I arrived at Hedda's charming house on Tropical Avenue in Beverly Hills I was nonplussed to be introduced to one of the great movie actresses of our time. She wanted to quit smoking, and Hedda had persuaded her to try hypnosis.

She went into a very deep trance, and in a regression stage she told me things—she would not want them mentioned, of course—which explained some of the reasons why she was a chain-smoker. I worked with her for some time, and tried directing her thoughts into positive channels. I also said: "When you awake, you will light a cigarette. It will taste like pepper. *It will taste like pepper!* You will throw it away. You will light another and it will taste the same. After that, all your cigarettes will taste like pepper, and you will not want them anymore."

I woke her and, as Hedda and I watched, she immediately put a cigarette in her mouth and touched a match to it. She inhaled the smoke, coughed spasmodically, and suddenly hurled the cigarette into the fireplace.

"What the devil am I smoking?" she asked, bewildered.

"You took it out of your cigarette case," Hedda said.

The actress retrieved the butt she had thrown away, examined the brand imprint, and muttered: "It's my kind, all right, but the damn thing tastes like pepper."

She took out another one, lit it, and after one drag threw it away. Hedda gave me a significant glance, but there was no further discussion, and her friend went home. About two weeks later the actress phoned me in an agitated voice and said: "You know, of course, that I can't stand the taste of cigarettes anymore."

"Yes," I said. "I know that."

"Well, Arthur, I want your promise that you will help me get back on cigarettes if I need to."

"But I thought you wanted to quit?"

"I really didn't. Hedda talked me into it. You *can* reverse it, can't you?"

"Yes, I can. Call me if and when you feel you must."

I never heard from her again, and I assume she got through the critical withdrawal period, and has no further desire to smoke.

I don't mean to suggest that the posthypnotic suggestion to make cigarettes taste terrible is always permanently effective.

But if I couple this thought with other assurances that give the subject confidence, the results can be very encouraging indeed. In the Frankie Powers case, described earlier, the subject continued smoking cigars, but lost his fear of Buerger's disease. My close personal friend, radio and TV personality Jack Wells of Los Angeles, was able to break the habit and stay off smokes. George Murphy, a top reporter on the San Francisco *Examiner*, was able to cut his cigarette consumption some 75 percent after I hypnotized him. Don Sherwood, a celebrated disk jockey, quit entirely but started again later on. My files show dozens of others who beat the habit.

On the whole, those who concede that smoking is a menace to their health, and are driven by powerful motivation, are certain to be helped by hypnosis.

In any case, the effect of posthypnotic suggestion concerning taste is generally interesting to observe after the subject awakes, and I have had some humorous results with this technique, especially during my show business period. There was one Hollywood personality, for instance, who was furious when his cigarette tasted like lemon peel. "Damnit!" he snapped. "There are ads all over the country showing me endorsing this cigarette. I might lose that deal if I can't smoke."

"Don't worry," I said. "If you don't want to quit smoking they'll taste all right tomorrow."

Another time in a Hollywood nightclub, a pretty volunteer said she'd "like to kick the nicotine habit." I told her, posthypnotically, she would light a cigarette after returning to her table, and it would taste like burned cabbage. "You will grind it out and you will not smoke anymore."

She followed the suggestion, and as she stamped out the butt I heard a hoarse voice yelling: "It's a phony! It's a fake!"

The protesting patron was standing up by his table—it seems he was the girl's escort that evening—and I recog-

nized him as the highly publicized underworld personality, Mickey Cohen.

"Peggy!" he cried—and you can be sure everyone in the place was listening—"this is a lot of baloney. I'll give you a thousand bucks if you smoke another cigarette."

"But I don't want anymore," she said petulantly.

Mickey waggled a finger at me. "Listen, buddy," he growled, "I know this girl, and she'll do anything for money." He pulled a thick roll of bills from his back pocket and picked up a pack of cigarettes from the table. "Here, Peggy," he said. "Take one. I'll give you two thousand."

I wanted to tell him to save his breath, but I kept quiet. I knew no amount of money could make that girl light a cigarette that evening.

"Mickey," the girl said angrily, "don't be stupid. I told you I don't want a cigarette, so forget it."

Cohen, perplexed, looked all around and muttered, *"She never turned down a quarter before."*

Apparently that amount of money was not a strong enough influence to counteract my suggestion. I guess he didn't know about the case of Patricia Morris, when I confidently risked $100,000 demonstrating the power of post-hypnotic restraint. Fortunately for me personally, this impressive amount was not any more effective. Millions of TV viewers were witnesses to that phemonenon.

That happened in September of 1955. A call from Ralph Edwards offered me a "spot" on his popular national television show, "Truth or Consequences."

My agent, Milton Deutsch, sent an associate, Sonny Miller, along with me. When we reached the office for the program discussion, Edwards handed me a script in which one woman contestant, unable to answer a tricky question, would be hypnotized as a "consequence," and compelled to do something ludicrous.

"I'm sorry," I said, "this isn't the kind of hypnotism I do. I would much rather demonstrate something more constructive."

"You mean this hocus-pocus is for real?"

"Well—let's see," I said. "I'd rather do something that would be entertaining and the subject would be glad she did it rather than do something as a form of punishment."

I took his secretary off in a corner, put her in a trance almost instantly, and said to Edwards: "I told your girl

here that she can't drop her arm, and she couldn't do it if you offered her $1,000."

He tried it and failed, of course. The girl was rigid and Edwards asked: "Could she drop her arm if I offered her $100,000?"

"No," I said, after making other tests.

"If we did a demonstration like this on the show," Edwards said, "where would the money come from?"

"The money's no problem," my agent said recklessly.

"Okay. You got a deal." They shook hands.

When we got to the hall elevator, I asked Sonny Miller, "Where is the money going to come from?"

"No problem," he replied. "I've got $2,000."

"And the other $98,000?" I gulped. I felt as though I were turning green, and regretted my participation in this "golden opportunity."

During this period, I was engaged at the Golden Hotel in Reno, and I had come in that day for the meeting and now I was glad to get back, far away from a situation about which I had misgivings. Under certain conditions, hypnotic subjects can break through and resist compliance to hypnotic command. And $100,000 was quite an influential sum with which to tease a subject.

I had almost forgotten the whole thing when I received a phone call from Milton Deutsch.

"Come down to NBC tomorrow, in Burbank. We're going ahead with the 'Truth or Consequences' show."

"What!?"

"Come on down. We've got the money."

"I don't know, Milton," I fenced. "It's too big a risk. Where did you get it?"

"I just closed the deal," he said, "and made arrangements with Lloyd's of London. Bill Moore, who owns the El Cortez Casino in Las Vegas, is putting up the cash and we'll insure his risk."

My thoughts went swimming as Milton outlined the prospect of a salary increase which would come to me as a result of my exposure in such an extravagant experiment. I don't remember having said okay, but my heart was palpitating from then on and into every phase of that experiment. The following day at NBC, ten minutes before live broadcast time, there wasn't a soul in the audience. Our agreement, hastily signed, called for my selection of any of a group of volunteers provided by the program director

that I might successfully hypnotize before the program actually started.

Milton Deutsch said, nervously, "Looks like you'll have to hypnotize Ralph Edwards or the camerman."

"I wish someone would hypnotize me the heck out of here," I said.

There was a sudden commotion in the studio. Several buses brought psychology students from the University of Southern California, and soon the studio was packed.

Ralph Edwards and Jack Bailey, the emcee on the show, called me aside and introduced me to Dr. Herman Harvey, psychology professor at the University of Southern California, the Reverend John J. Simons, and a banker named John Pierson.

Each man had brought a handpicked potential subject for the program, and a backstage test showed that each one was readily hypnotizable. As a posthypnotic suggestion I told all three that after being awakened they would return to the hypnotic state the moment they heard me say the key words Rena, Nina, and Zena—the names of my two lovely daughters and a niece.

Jack Bailey went out on the stage to announce that he was presenting a serious demonstration of hypnotism, and that one of the participants would have a chance to walk away with $100,000. Oh, brother, my $100,000!

Then he introduced the three men and they went to the mike to confirm that the demonstration would be authentic and that there had been no preparation except the brief test backstage.

The three young ladies then came on stage, and as they faced me I said: "Rena—Nina—Zena. Relax now." Their heads drooped, and they went into the trance immediately.

After demonstrating a series of reactions to imaginary situations—playing musical instruments, registering the excitement of a day at the races, and provoking hilarious laughter at a recitation of sad stories—the impact of hypnotic influence was obviously beginning to register.

I then selected a student named Patricia Morris, one of the three, to try for the $100,000. While still in the hypnotic state I told her, "You will be back here in one week. You will sit in this same chair, and on a table just two feet away will be $100,000 in cash. However, from the moment you sit down you will not be able to get up from that chair. Your hands will be glued to your lap. Your eyes will be open but you will be unable to move till I say you can. If

you can reach out with your hands and touch the money within a designated time, it will be yours."

I paused, allowing a few moments for these suggestions to sink in. "I'm going to wake you now and we will see you one week from tonight."

It was a fine demonstration, but now I realized what I had done. What if she touched the money? How would I be able to earn enough to reimburse Lloyd's of London? Not only was my personal reputation at stake, but the cause of hypnotism would be seriously damaged.

But the science of hypnosis has never been taken seriously, and success in this demonstration would surely serve to promote serious recognition for this deliberately subdued science.

Ralph Edwards was anxious to avoid any hint of chicanery, so he arranged for Patricia to be accompanied at all times by a chaperone named Betty Goode. They slept in the same room at the Statler Hotel that week, and Mrs. Goode went along when Patricia attended classes at the university.

There was national publicity on the story, and suddenly offers of advice poured in from experts on "how to break the spell" in exchange for a piece of the reward.

There were well-meaning friends and advisers who deluged the Statler with telegrams, letters, and phone calls. A Catholic priest received a pledge from Patricia for a portion of the potential bounty. A psychiatrist flew in from Cincinnati offering to teach her a way of opposing my will. Numerous others, including hypnotists, stood ready to offer countersuggestions to help her pick up the fortune.

Could any of these professionals have succeeded in neutralizing my original order? I don't know. But Patricia was not allowed to see them, and at the appointed hour she appeared in the studio with Mrs. Goode, ready for the test.

Millions were watching their television screens when she went into her trance that night. I used standard tests to make sure that she was truly rehypnotized. There was a small table within reach of her arms, and three Federal Reserve Bank guards, with guns drawn, approached it, emptying a canvas sack which contained five stacks of twenty-dollar bills.

I told Patricia to drop her arms and to open her eyes.

"There is $100,000 in front of you," I stated. "You can have it all if you can touch it within thirty seconds—but you cannot move your arms! Try! But you cannot!"

A drum started to beat out the seconds. "Patricia," I prompted, "try with all your physical might—but you cannot! Try harder—even harder! No matter how hard you try you cannot lift your hands until I say you can!"

She sat there, eyes fixed on the currency, squirming and struggling to raise her hands. The drum paced the big studio clock, ticking off the seconds, and her right hand began to inch upward a little. I could hear the silence of the audience. Suddenly, from inches behind me, Jack Bailey shouted:

"Pick it up, Pat—pick it up! You can do it!"

But Patricia's hand was straining against an invisible influence, and her arm fell limply to her lap. The drum stopped beating—the money was scooped back into the container and it vanished with the guards. It was all over in an eternity—thirty single seconds.

When Jack Bailey turned to Patricia Morris and asked her how she had felt—what she had experienced—what had been going on in her mind during that period, she gulped, cleared her throat, and said, "The money was there and I was here. I can't explain my thoughts. I really don't know why I didn't touch the money."

And with that the curtain behind us opened, revealing a brand-new Oldsmobile for Patricia, a present from the manufacturer. Out of Bailey's inside pocket came a check for $1,000, a gift to her from the sponsors of the program, the Old Gold Tobacco Company, along with several other consolations for her exposure. I was proud of the respect shown by the programmers for all the principals, and for the science of hypnotism. I was given the time on the program to explain that this was not a demonstration aimed at proving that a young lady could be deprived of an opportunity to walk away with $100,000. It was rather evidence that there is available an influence that can just as readily dispel negative attitudes for the benefit of those who cannot control their emotions.

Milton Deutsch and I were glowing when the program was over. He revealed that he had been ill since the moment he got Bill Moore to put up the money for the project. Jack Bailey joined us. I asked him what he would have said to the audience if it had turned out the other way. He reached into his coat pocket and handed me a cue card on which was written:

(GREAT EXCITEMENT)
She did it! She did it!
She picked up the $100,000.

(APPLAUSE)
How about that, ladies and gentlemen!
Arthur Ellen, what do you say to all this?
(ANSWER)
Miss Morris, how do you feel?
Tell us how you did it.
Boy, I'm so excited I don't know what to do
(GET ELLEN TO EXPLAIN PROCESS OF MIND)

I stuck the card in my pocket, and I've kept it all these years. Frankly, I don't know what I would have said if Patricia had taken the money. I probably would have just keeled over. Looking back on that evening, I think I was dying a little. In my heart I knew the flexibility of the mind, and I also knew—though I had never admitted as much to anyone except my wife—that there was always the possibility that the girl might have come up with a tremendous mental effort and broken through my command. I'll never risk anything like that again!

In this case the general public became acquainted with the power of posthypnotic suggestion. But more directly, posthypnosis can actually save lives and ease pain, even the pain of fatal illnesses.

Some time later, while appearing at Lake Tahoe, I received a phone call from Jerry Colonna in Reno, where his musical group was playing. He reported that Marvin Bellew, his sax man, was in Washoe County Hospital, dying. He had suffered a collapsed lung and apparently wasn't taking food, consciously or intravenously. "He'd easily recover if they could get some nourishment into him somehow," Jerry said. "The nurse says he just doesn't want to live. I spoke to his doctor about your work with hypnosis and he said to give it a try—especially since I told him Marvin thinks a lot of you."

"I'm packed and ready to drive to L.A. I'm flying to Tokyo in the morning," I said. "I'll be there as soon as I throw my bags in the car."

There was no traffic at that hour and I made the run in about thirty-five minutes. I went directly to Bellew's room, where Jerry was waiting. Marvin was obviously intensely dejected and believed that his future was doomed. Everything was going so well and now—a collapsed lung. He could think of nothing promising, and consolations by others were not effective. Obsessed with these negative thoughts, an unconscious drive was apparently influencing him to try to escape all this anguish.

Hypnosis had the effect of relaxing those confused thoughts. He was listening intently as I said, "Jerry's presence here is evidence that he depends on you and that he is eager to have you recover quickly so that you can get back on your job. The doctor assured him that as soon as you get some energy, you will begin to recover. Your fear of the future is being erased and when you awaken, positive thoughts will stimulate your appetite, and cooperation with your doctor." I woke him. Marvin smiled thinly and said, "Thanks, Arthur, I'll be all right now."

I drove directly from the hospital to Los Angeles, then rushed from my home to the airport. I flew to Tokyo for a television engagement there, and it was two months before I saw Jerry Colonna again. I was then appearing at the Sahara Hotel in Las Vegas and Jerry's group was at the Tropicana.

"Remember when you left Marv Bellew in his hospital room?" Colonna said. "The next day I was coming out of my hotel and I saw a familiar figure walking down Virginia Street. I couldn't believe my eyes, Arthur. It was Marvin Bellew. He was walking along with his overcoat hanging over his shoulder, and he said he felt great. He feels he owes you his life."

I made it clear that I was only the instrument—that I had done nothing more than give Bellew the posthypnotic suggestion that he could and would get out of bed and be well. There was nothing magical about it; he recovered by the power of his own mind. He didn't want to die, of course. He only needed an emotional lifeline to pull himself out of a deep hole he found himself in, and we both just happened to meet at the right moment.

During that same engagement, I was approached by the singer with the Jerry Colonna band. "Arthur," she said, "I need some nose surgery, not only because it will improve my appearance and morale, but it will also clear up a sinus condition."

"Why don't you have it done, Jan?"

"That's just it. I've been fighting this for years. I make appointments, then I chicken out."

"What are you afraid of?"

"Pain. I know it's childish and I hate this Dick Tracy nose I have, but I can't help being scared."

I hypnotized her and told her immediately, of course, about modern anesthesia, and that she would not suffer any pain. "Tomorrow you make another appointment with your

surgeon," I said. "You will promise to be there. You will have a very relaxed attitude, knowing you won't be hurt. The operation will go smoothly, and you will feel so good you'll feel like singing 'Yankee Doodle.' "

Some months later, when Jerry Colonna and I were again booked in Las Vegas, my wife and I caught his show. "Pearl," I said, "Jerry's got a new vocalist."

"Yes," my wife replied, "and isn't she a beauty!"

I took a second look, and realized that it was Jan. She had followed through with the "nose job," and she was now very beautiful indeed.

Backstage later she told me that the operation had gone smoothly, and that she had no pain or discomfort whatsoever and was soon back with the band. "A funny thing happened, though, Arthur," she said. "While the doctor was working on me I was singing, and he kept saying: 'Listen, I can't work on you if you don't keep quiet. That silly song is driving me crazy.' But I couldn't stop, Arthur. I was like a stuck record."

"What was the song?"

" 'Yankee Doodle,' " she said.

The key to this form of fear, of course, is that we almost hypnotize ourselves in advance. We anticipate pain. We are certain there will be pain. And so there is pain. Our mind tries to prove that our suspicions are correct. But hypnotic suggestion sets up a counterthought, and if the subject is receptive a good hypnotist can wipe out the anticipation.

Of all the agonies known to man, the pain of incurable cancer is claimed to be the worst, and often cannot be controlled even with massive doses of morphine or other pain-killing drugs.

We know that many physical disorders can be eased or cleared up with hypnosis. Suggestion can raise the blood pressure, increase the heart rate, even change the blood-sugar level. Medical records are beginning to report cases of surgery performed with no other anesthetic than hypnosis. Scores of dentists are now extracting teeth while their patients are hypnotized. Many of the so-called "stress" diseases—ulcers, high blood pressure, angina pectoris, migraine headaches, for example—can be relieved with hypnotism. And, coming back to cancer, there are certified cases in which patients with terminal cancer have been freed of pain and lived out the remainder of their lives without the need for drugs.

I had such a case myself not long ago. Ordinarily, I would not become involved with a subject who has an organic disease. But in this instance I was asked by our family physician if I would talk to one of his patients.

"She is dying," he said. "She is only forty, and she is suffering intensely. She can barely walk and rarely leaves the house."

I accompanied him to the woman's home. We learned she had just returned from funeral services for her mother. She was sitting with sympathetic friends and relatives. After I was introduced by the doctor, I said, quietly, "Let's go into another room where we can talk for a few minutes."

She directed me into her bedroom. Seated in a comfortable chair, I led her into the hypnotic state. I suggested that she could speak and move freely. She reported that there was no pain now and asked if I could possibly leave her in that state forever. I explained that in view of the fact that she was comfortable now it was possible for her to be free of pain in the future and that her emotional relaxation would be available in the waking state.

"In the future your mind will remember the attitude that exists at this moment. You will be able to control these attitudes and be free of pain," I assured her.

I instructed her to walk around the room while I guided her. She seemed brightly energetic. She raised her arms and smiled and said, "I can do it! I can move my arms."

I said, "From now on a new confidence will keep you comfortable." She awoke.

"I feel good," she said, and smiled.

"Let's go back to your company," I suggested.

The doctor and I said good night and left. Outside, going to our cars, he said: "Did you see her walk back into the room and talk to the others? She has not been able to move like that for months. How long do you think that will last?"

"I wish I knew for sure," I said. "There are always certain limitations, but I feel that the suggestions I gave her will stay for some time."

My doctor knew his patient could not defeat her disease, and in his own mind he had given her about two months to live. But to his amazement she became an outpatient, visiting his office, doing her own shopping, walking, and being active in her own home. She lived more than a year, using no drugs, and to the end was cheerful and without pain.

This was neither an isolated nor unusual case—though it was a new experience for me. No doctor or hypnotist would presume to make the claim that hypnotherapy can cure cancer. But positive suggestion can definitely prolong life, give patients a new degree of hope and serenity, and thereby reduce or eliminate pain.

chapter ten

ON MY DESK ONE MORNING was an airmail postcard from Holland which read:

> Dear Mr. Ellen:
> Still walking two miles a day through museums, etc. Feet worn out, but no pains. How about that!
>
> George J.

I remembered very well the day he first came to my office. His skin had the pallor of fear, his hands trembled, and his eyes were flat and listless. He came in with his wife and son who, one on either side, were almost carrying him.

I was not surprised at his condition, for I had already had a call from his family doctor. George had suffered a coronary heart attack, had made an excellent clinical recovery, and should have been able to go back to work. Instead, he complained that he could not walk without severe chest pains, and he had to stop and rest every twenty feet or so when he was walking alone. In time he was so obsessed by the fear that he might drop dead at any moment that he could no longer go out by himself.

Under hypnosis George talked freely about his heart attack and the convalescent period in the hospital. He recalled very distinctly overhearing a ward mate saying: "After a lifetime of building a family who have become dependent on me—one heart attack and I'm knocked out of the box!"

Thus the fear began.

I'm knocked out of the box, too! In earlier chapters I

have mentioned similar cases in which the careless remark, often accidentally overheard, had turned many into emotional cripples.

I told him: "You will not associate your condition with that of others. You will develop confidence in your doctor's assurances that you are now well enough to follow his instructions without fear. You are able to relax and be free of all obsessive thoughts concerning your future."

When he awoke, he said that he felt relaxed. He explained that he knew what he had told me in hypnosis, and was surprised that he had remembered the remark from the patient in the adjoining bed.

"It was so emphatic it scared me—and I couldn't shake it off!" he said. "Right now I feel I can do anything I was able to do before my illness. The doctor said I can go back to work next week. I'll let you know how I get on."

It should be noted that in the foregoing case hypnosis proved to be a vital adjunct to his medical treatment.

Hypnotism as a healing art was already an established science long before the era of Hippocrates, known as the father of medicine. The early Egyptian priests used this influence to "cure" many ailments, as did tribal witch doctors all over the world. But most, in order to protect their own godlike positions, kept their techniques and explanations cloaked in mystery.

In a tremendously controversial recent book called *The Shining Stranger,* author Preston Harold wrote:

> Jesus could reveal the truth of man only by acknowledging and demonstrating hypnotic power and extrasensory perception. It should give no offense to say that He performed no miracles, that the cures were effected through His application of the hypnotic means—its dynamics and man's natural healing power perfectly understood.

Further in the same book Harold reaches this conclusion:

> When it is acknowledged that Jesus demonstrated hypnotic therapy to the fullest of its capacities, hypnosis will have the sanction it requires, and scientists will begin to explore this field more broadly and with less misgiving.

Harold then proceeds to show the hypnotic principles used by Jesus in healing the sick, and does a similar analysis on some of the miracles. He even suggests that the return or resurrection of Jesus—as seen by the disciples after

His body vanished from the tomb—was a mass hallucination induced by a posthypnotic suggestion.

Scholars and theologians may put up violent opposition to Harold's thesis. But he makes one vital point from my perspective—and that of all other expert hypnotists—and that is that hypnotism is a valid instrument, though not a cure-all, for innumerable physical problems which originate in the emotions.

Actually it needs no defense.

The facts are in my files.

Here is an eighteen-year-old busboy in a well-known West Coast hotel, who was slowly losing the sight in his left eye. Under hypnosis, he remembered a childhood accident in which his eye was slightly damaged by a length of pipe protruding from a plumbing truck. After the bandage was removed, the boy found he could not look to the left without turning his head.

In the presence of his doctor I suggested that he would no longer have to turn his neck to see from the left eye, and that he would not be bothered by the haunting memory of the truck accident. Soon he discarded his glasses, had his vision rechecked and rated at 20–20, and was able to pass a driver's license test.

In the spring of 1967, when I was gathering the material for this book, my wife called me to the phone to talk with the wife of a former client in another community nearby.

"Mr. Ellen," she sobbed, "I know it's Sunday, but this is an emergency. My husband needs help desperately, and it's taken me several days to convince him I should phone you."

"What's the trouble?"

"Mr. Ellen, you were able to help Jim overcome his smoking habit four years ago, and he's never smoked since. Now it is imperative for my husband to have open-heart surgery, and our doctor has made all the arrangements for tomorrow morning. Now Jim fears that if he goes, he will never survive the ordeal. With this attitude the surgeon feels it is unwise to chance surgery in spite of the necessity."

They both arrived at my home within the hour, Jim looking gaunt and hollow-cheeked. I took him into a comfortable room where he was able to relax completely under hypnosis.

He came directly to the point.

He had undergone open-heart surgery some five years

earlier, had barely survived, and now—just when his brokerage business was doing so well—he had suffered a recurrence and would have to have the operation repeated.

"This time I will die," he said. "I don't want to go through that again. I would rather take my own way out."

"Jim," I said, "you came through the first operation all right, didn't you?"

"Yes," he said. "But. . . ."

"But what?"

"Well . . . I don't have the confidence that I can make it again. I'm older this time."

"Do you know of anyone who has had this done twice?"

"Some."

"Are they still living?"

"I suppose some are," he replied.

"Look, Jim," I said, "you are still fairly young. You are going to have that operation, and you will come through better than you did the first time. You will come home, rest awhile, and when your doctor tells you to, you'll go back to work."

"Do you really think so?" he asked appealingly.

"I *know* so," I said confidently.

We talked for about ten minutes, and I drummed home the conviction that he had unreasonably worked himself into a state of fear. I did know the seriousness of the surgery he faced, but it was the doctor's decision that it was necessary. It was important to the success of this surgery that Jim have unlimited faith in his doctor and an optimistic outlook.

When I woke him, I saw a complete transformation. Jim was calm, confident, and unafraid.

"How do you feel?" I asked.

"Wonderful," he said, smiling.

"When do you go into the hospital?"

"Tomorrow morning," he said.

He is fine now and back at work.

In a sardonic moment, Voltaire once wrote: "The art of medicine consists of amusing the patient while nature cures the disease."

In my public appearances, for the purpose of educating audiences, it was necessary to direct my experiments to provide palatable amusement. My subjects were led through imaginary horse races during which they cheered with the excitement of the Kentucky Derby. They simulated the techniques of the Philharmonic Orchestra when I suggested

that they were consummate artists. They danced uninhibitedly and the audiences laughed at their antics. But soon the laughter turned to envy. The subjects were obviously performing with freedom from self-consciousness.

Here, then, was evidence of the power to enable the shy to perform comfortably. These talents are easily convertible to the conscious state.

Consider the force of this power: I can hypnotize the average man, hand him a cold potato, and tell him it is a hot coal. He will cry out with pain, drop it in a hurry, and may even develop a blister. To reverse the process, when I tell him he is in the midst of a snowstorm, he shivers and his teeth begin to chatter. He can be influenced to become rigid as a bar of steel, and can then be suspended between two chairs with such rigidity that he can support the weight of several adults effortlessly.

I had the opportunity to demonstrate this on the "Jack Paar Show" one evening.

Comedian Buddy Hackett was my subject. After being conditioned to become as unbending as a plank, he was laid between two chairs, head on one and heels on the other. I then sat on his middle.

Buddy explained afterward to the audience, "I felt no strain. I felt the approximate weight of a book on my stomach."

I weigh 170 pounds, but the same result is effected if a 90-pound woman is used as the subject.

Muscles have tremendous strength, but they are rarely exerted to their full capacity because the conscious mind sets up natural limitations. But under hypnosis the subconscious mind removes these barriers, and the reserve strength is released.

The following night Cliff Arquette, one of the regulars on the "Jack Paar Show," said he felt that Buddy Hackett's hypnotic trance was "a fake." He then proceeded to have himself stretched between two chairs, and had a member of the cast stand on him. He fell once and buckled on his second attempt. The comedian aims to "always leave them laughing." It seemed to me that Cliff Arquette was trying to do it the hard way that night.

Does the power of hypnotism frighten you?

It should not.

You should become familiar with its potential for making a happier life.

Charlie Morrison, owner of the Mocambo, had been

stricken with severe paralysis, and on the basis of what he was told by medical experts, had resigned himself to living in a wheelchair for the rest of his life. Dr. Lee Siegel of Beverly Hills suggested I try to stimulate a better attitude.

Under hypnosis I convinced Morrison that fear and insecurity had made him overly protective about his condition and that he should make an effort to get out of the chair and walk. He not only walked—the "paralysis" had mysteriously disappeared—but he was soon able to go on the floor at his own club and dance. The "cure" created such a stir that Walter Winchell reported it in the hundreds of newspapers that published his column. But it was not a cure to me—it was merely the fact that Morrison had accepted my suggestion, and thus erased the doubts and fears in his mind.

A similar case was that of Mrs. Esther Johnson, wife of a hotel executive, who had been seriously injured as the result of a highway accident involving a motorcycle in California. Physicians had told her she would never regain the use of her left arm. The limb was shrunken and dangled limply from her shoulder. She had been unable to make the muscles respond for twenty-two months, and under hypnosis she repeated the numbing words she had heard from one specialist after the other: *Learn to live with it.*

While she was in the trance, I handed her coins of various sizes, and her crippled fingers were not only able to hold them, but she correctly identified each denomination.

On another tour in the East—I was in Louisville, Kentucky, that evening—a volunteer subject told me that he suffered from an overwhelming self-consciousness. In the trance state he elaborated on his inferiority feelings, and said there were many things he could not do because of his "wallflower" attitude.

"Tom," I said, "what would you most like to do?"

"I want to dance," he said, "but I can't."

"Yes, you can," I said. "You're going to do it right now." I gave the orchestra leader a cue, and the musicians began playing. Tom's feet literally flew as he tapped out the beat of the melody, and the audience reacted with cheers. When I woke him and praised his deft footwork, he said: "Thanks—but it's impossible."

"What's impossible?" I asked.

"I'll tell you after the show," he said.

I ended the performance, and Tom was waiting outside my dressing room. "I wanted to explain something," he

said. "During the war I was wounded overseas. The doctors told me my left leg would never be the same, and that I would have to wear a steel brace the rest of my life. I once wanted to be a dancer, but the leg brace knocked that out. I've worn it for eleven years."

"The way you walked in here nobody would ever know you had it on."

"But I don't have it on, Mr. Ellen."

He led me back toward the stage and there, propped against a wall near one exit, was the cumbersome steel contraption. "You made me feel so free and so confident," he said. "And when I realized I had actually done that dance, I took it off, and this is the first time I've walked anywhere without it."

He left the brace in the club that night.

Many of my subjects are women who, for one reason or another, are anxious to lose weight. It intrigues me to observe that almost 50 percent of my last four thousand subjects were women who wanted to reduce, and in most cases the basic cause was a neurosis caused by a lack of some needed ingredient for a happy life. Lack of love or affection in the home. Lack of appreciation for their work. Lack of something important to do in their daily lives. Food became the pacifier.

One young girl, grossly overweight, had from childhood been brainwashed into a strong antipathy for her aunt. So whenever her aunt was in the house, she soothed this aggression with the compensating pleasant act of eating. Another young woman remembered in regression that she had been punished by her father because she stole some coins in the house, and was told she would be "sent to a reform school" if she repeated the theft. Her mother never came to her defense.

Under the circumstances—feeling lonely and unloved—she resorted to gratification by overeating. Now grown up and married, this compelling habit was still with her. In both cases, when these women understood the underlying causes and were given suggestions that they would not need these pacifiers, they were able to reduce.

As I run through my files I see a card marked: "Madman Muntz." Well . . . he isn't really mad. Not at me, anyway. His name is Earl Muntz, internationally known as "Madman Muntz," the Auto-Stereo tycoon. One evening in 1953, Earl brought his wife to me and asked whether I might be able to help her particular problem.

During World War II, it seems, she was seriously injured in an airplane accident while flying overseas to entertain American troops. Her damaged vertebrae had never quite fused, she was in constant pain, and her doctors had done all they could. "Arthur," he said, "a suggestion that she can better tolerate the pain would help a lot."

I hypnotized her and taught her to use the power of suggestion to minimize the pain.

She was strong-willed and I was elated when Earl called me one day and said: "Arthur, I don't understand it, but the weak spots in her back have fused and she has no pain at all. Her doctor would like to meet you to discuss the procedure you used to cure it."

"Her condition was obviously one that could be helped by suggestion, and she merely applied the posthypnotic thoughts I gave her."

"Whatever you did was great," he said. "I wish you'd work on me."

Muntz had broken both legs when his private plane cracked up, and after treatment he was left with a noticeable limp. I used the same method with Earl, the limp disappeared, and I was with his family while he took up water skiing on an Illinois river.

As an afterthought about the accidents suffered by Mr. and Mrs. Muntz, it should be pointed out that many neuroses originate in an emergency situation.

What the doctor or policeman says in the presence of an accident victim can strongly influence a patient's recovery and future stability. Here are some typical remarks:

NEGATIVE	
"It looks bad."	Produces fear.
"We'll do the best we can."	Produces apprehension.
"Why weren't you more careful?"	Produces guilt feelings.
"You could have killed somebody."	Produces guilt feelings.
POSITIVE	
"It's not as serious as you think."	Provides relief.
"You'll be fine!"	Instills confidence.
"Accidents like this will make us all more alert."	Provides incentive.

The victim of an accident never knows the extent of his injuries because he is in an emotional state of shock at that time. He searches for clues in the faces of those attending him. Any expression he can interpret as ominous—when he is helpless—can cause lingering complications, which may be far more damaging than the injury itself.

In such situations, it would be of value if the victim were adept in the application of self-hypnosis. He would then be able to "order" the dismissal of anxieties and apprehensions that influence the degree of pain and to establish attitudes that could prepare him for an uncomplicated recovery.

When I was six years old, I was afflicted with cerebral spinal meningitis. It left me with a noticeable bump on the back of my head. In 1956, when I met Dr. Siegel, I had decided to have it removed. I told him that I'd like to schedule the operation after my last show some night so I'd have twenty hours or so before I had to be on stage again.

"Now, Arthur," he chided, "it isn't done like that. There's always the risk of a hemorrhage, and you'd be in no shape to do a show that soon after. What you have is actually a complicated form of tumor, not malignant, but you may have to be in the hospital for a week or ten days."

"I can't lose that much time," I said. "I was thinking of having it done in your office. Don't worry about the after-effects. I can use self-hypnosis."

"Not with me," he laughed. "Forget it."

"Here, watch this," I persisted. I was smoking a cigarette, and I put the burning end against my palm and ground it out. There was no pain—I had done this many times—and when I dusted off the ashes there wasn't so much as a red spot. Dr. Siegel looked at my hand with mingled surprise and respectful belief and said: "All right, Arthur. We'll do it tomorrow night."

In the surgery I told him I would eliminate pain with self-hypnosis, but he used a local anesthetic anyway, apprehensively. We carried on a conversation during the hour it took to remove the tumor. There was no hemorrhage, nor any subsequent pain. I was back at work at the Mocambo in Hollywood that same evening.

There are a number of books available which claim, among other things, that anyone can hypnotize himself into a better bowling score or develop an improved swing that will help his golf game. The authors generally suggest the

use of a comfortable chair in the solitude of a darkened room, and they outline to readers the procedures to follow to achieve a sort of trance state. Some suggest the devotion to concentration on a swinging object, like a watch on a chain, or pendulum, to effect a tedium which many are led to believe hypnotism is.

It is not quite that simple, unfortunately.

The expedient way to develop the art of "thinking" yourself into self-hypnosis is accomplished by first submitting to hypnosis with an expert. While you are in the hypnotic state he then instructs you to better understand the condition of this state and offers posthypnotic assurances that you will be able to reproduce this condition in the future. This will be accomplished by resorting to any of a hundred different "signals" he may precondition you to use. It might be the pressure of the middle finger and thumb of the right hand while the eyes are deliberately closed that will reproduce the "familiar" hypnotic state. Or it might be the dwelling on a directed thought for a few moments while the eyes are open. The reason for the receptivity to hypnosis by the preconditioned subject is that his subconscious mind has already had the experience and allows that state to recur by association.

At a friend's home one evening—he had been a subject at my office—he asked his five-year-old boy to explain hypnotism. The boy had obviously overheard his father discussing his experience.

"Sure," the boy replied. "It's where you say you won't but you do."

I have never heard a better definition. You say you won't —but you do. The aim in hypnosis is to capture the fickle conscious mind and make it subjective. The subconscious records the positive thoughts suggested by the hypnotist. To put it another way, the conscious mind is always there during the trance state. It never leaves. It senses, it sees, it realizes, but that is all. The subconscious mind receives the impulses or thoughts from the hypnotist and directs the conscious mind to obey what it should have been able to control in the first place.

Let me go into a typical case in which self-hypnosis followed three sessions in my office.

A housewife came to see me. She was about thirty years old, and was markedly obese. Like some subjects, she did not believe she was actually hypnotized, and felt she was "just going along with it." Even when she began to lose

weight—"I'm just not hungry anymore," she said—she was not convinced that hypnotism was influencing the control.

Then, when she came for the third time, she said: "Mr. Ellen, I've got to tell you about my hand!"

"What about it?" I inquired.

She extended her arm and showed me a fresh scar.

"The dog did that," she said.

It seems that she was on her way to the grocery store some days before when she saw a dog struck by a car. A dog lover herself who had lost a pet in a similar accident, she stopped her car and ran to the curb to help the injured animal. She reached down for the leash to loosen it, and the pain-maddened dog sunk his teeth into her hand.

She rushed to her family doctor, who gave her a tetanus shot and stitched up the wound.

"I was in intense pain," she said, "and my hand was bleeding badly. Suddenly my thoughts went to you . . . I don't know what came over me . . . and immediately the pain stopped and there was no more bleeding. I don't know what I did . . . but I did something."

"You have no pain now?"

"Haven't had a bit since that moment. But the important thing is . . . well, now I know there is some power in the mind, and I guess that I didn't really believe it before. I don't understand it, but it's wonderful."

Her reaction was an innocent extraction of the values in hypnotism, though in her conscious state she did not realize or could not understand that she was receptive. She was practicing self-hypnosis to stop the pain and bleeding because she had absorbed the principles of my instructions during the trance.

I never asked her what the doctor said when the pain and bleeding stopped so suddenly. I wish I had.

chapter eleven

IN THE KORAN IT IS WRITTEN: "O true believers, take your necessary precautions against your enemies."

With the dramatic growth and popularity of hypnotism in the United States, especially in California, it was inevitable that the selfish interest groups would begin firing their guns.

First came the attempts to outlaw stage hypnotists altogether, regardless of the quality or validity of their acts, or the fact that most of the performers—including me—were not only entertainers but also the educators on the values of this repressed healing science.

Some states have already banned stage hypnotists. Others are considering bills on the subject. In California the late State Senator Eugene McAteer actually pushed a bill through the state legislature which, though that was not his intention, would have disqualified all nonmedical hypnotists.

McAteer said his targets were the "quacks and phonies," and his bill was supported by inflammatory newspaper editorials, including one in the San Francisco *Examiner* which betrayed gross ignorance by saying: "Only a physician thoroughly skilled in its use can be consulted with confidence." Just about that time I was conducting a seminar on hypnotism—and all my pupils were physicians.

When I read the bill, I immediately wrote to Governor Edmund G. Brown.

I pointed out to him that the Bill of Rights grants every individual the right to become engaged in any open and legal field, subject to government by the laws of the land in that field. I said that if an individual has conformed with all the regulations and has accumulated evidence of merit, then he has the right to be included as a licensee in that domain.

I further explained that the medical doctor until recent years had no background in hypnosis whatsoever, and that most of the practicing physicians using hypnosis learned it from lay hypnotists. The McAteer bill would have denied the right to practice to the very pioneers who brought hypnosis into the medical field. I explained—as I have elsewhere in this book—that the hypnotist deals with symptoms of disorders which do not really exist, and that the removal of those symptoms with hypnosis could not be even remotely called the practice of medicine.

Governor Brown, a perceptive and understanding man, acknowledged my letter, and soon afterward vetoed the McAteer bill.

But there will be others.

Dr. Herbert Mann, former president of the American

Society of Clinical Hypnosis, once openly contended that the American Medical Association was opposed to stage and lay hypnotists—that is, any hypnotist who does not have a medical degree.

I have never concealed my feeling that endless emotional problems which are not of organic origin can be helped by hypnotism because it teaches a kind of self-discipline, and from my records I know that most people resort to hypnosis because medicine has not been effective in solving their troubles.

But the American Medical Association, alas, would have *every* human problem exclusively reserved for the MD. Eric Sevareid once referred to the AMA attitude as "an intellectual Iron Curtain" and said: "If their organized lobbies confined their efforts to the enlightened self-interest of the profession as they see it, they would be a little easier to take. But they insist on effecting the role of philosophers of the whole human condition."

Knowing that the AMA is the enemy, I have been a one-man lobby for the lay hypnotists, and my views are well known in the field.

I have had many meetings with legislators—not to protest—but to inform. I have lectured at universities and conducted classes for physicians, district attorneys, police officials, dentists, and many other related groups.

I work with scores of physicians and many of them, recognizing that there are ailments which no amount of medicines can cure, send their patients to me. In twenty-five years of work in my field, I have enjoyed a blemish-free international reputation. I have never been a target for litigation, despite the ambiguity of a state code which limits the healing arts to physicians, psychiatrists, dentists, and psychologists while at the same time condoning any kind of treatment relating to religious prayer.

Perhaps I underestimated the opposition.

In October 1966 a young woman named Mimi Hodger came to me for help in cutting down weight. She said she was a compulsive eater, and added that she had a bad cold that I might be able to treat.

"You can't hypnotize a cold," I said. "But you can learn to relax, and thus live with a cold better."

She was hypnotized, and in the trance state I told her, among other things, that she would develop the confidence to control her compulsive appetite. She seemed to respond,

and in a second session a week later I was certain that she was on the right track.

About a month later another woman, a Mrs. Clara Simkovita, came in with a similar complaint. I looked at her rather trim figure with some surprise and said: "It's hard for me to believe that you are overweight."

"Oh," she replied quickly. "I'm not now . . . but I am susceptible to it. I also have a burning sensation in my stomach, and perhaps you can do something for that, too."

"What causes it?" I asked. "What does your doctor say?"

"I've been to the doctor," she said. "He told me there is nothing wrong."

"Then it's possible that it is an emotional problem?"

"Possible," she said.

I hypnotized her, and suggested the positive thoughts which she could adopt and apply. She made an appointment for the following week, but she did not return.

Both these women turned out to be part-time undercover agents for the state Bureau of Professional Standards. They had not used their real names, and the second one concealed a miniature transmitter in her handbag which broadcast our entire conversation to a tape recorder in a state car parked outside my office.

On Friday, the thirteenth of January, 1967—an ominous coincidence—I came out of my consultation room to find a man exploring my case files. I was about to make an angry protest when a second stranger thrust a state identification card under my nose and said: "You're under arrest."

"What for?" I demanded.

"Practicing medicine without a license," he said. "You have the right to call your attorney before we go downtown."

I immediately phoned a well-known San Francisco lawyer named Nathan Cohn, who conducts the annual Criminal Law seminar at which, on several occasions, I have lectured on hypnosis and the law.

There was not the remotest hint of the ordeal ahead, but I would never forget it.

The two agents turned my office upside-down, opening desk drawers, filing cabinets, lockers, and closets, expecting to find—I'm sure—medical instruments, drugs, or other incriminating items. There was nothing, of course. I have never examined a client in any way or prescribed so much as an aspirin tablet.

After the futile search, the agents took me downtown in a state car, and at the Los Angeles City Jail I went through the degrading process long familiar to professional criminals. They stripped off my clothes, examined every inch of my skin, gave me a delousing treatment, took my photograph and fingerprints, and then escorted me into a holding-cell area with some sixty other prisoners, most of them—I'm sure—with criminal records.

I was formally booked on a charge of diagnosing, treating, and prescribing for a patient, in violation of the state law. At midnight, I was released on $1100 bail.

There was obviously a lot at stake in this incredible affair. Not only for me and all of my career, but for all the lay hypnotists and the thousands of troubled people who were being relieved of crushing emotional burdens through hypno-relaxation.

In essence, the accusation against me was no different than the vilification faced by any pioneer who, with a new product or idea, suddenly becomes a threat to an entrenched group. The monopoly naurally cries "quack" and "fake," forgetting they have quacks and fakes of their own. It struck me as ironic that organized medicine, using hypnotism with the sanction of the AMA only since 1958, would have no medical hypnotists if the latter had not learned the science from lay experts like me.

The practice badly needs considerate legislation, and that will come.

I remember as a small boy, on days when I wanted to stay home from school, I would have a bellyache. A real one. My mother would say: "Close your eyes. I'm going to pull it out . . . there . . . it's gone . . . ALL GONE! Open your eyes." And it would be gone, for it was an emotional bellyache. But if I had had a ruptured appendix my mother could have reassured me from now until Judgment Day, and it wouldn't have helped.

What I mean is this: If a person has a distressing symptom, he usually sees his doctor. But if his ailment originates in his subconscious mind, all the medical gadgets and pills laid end-to-end usually will not help him. If they could, these aids would then help one to stop smoking, overcome alcoholism, or drug addiction, and all the other compulsive fears and bad habits.

So when the pills and treatments don't help him, he is forced to look elsewhere for relief, and you can be sure the doctor is often piqued by that. If a receptivity to hyp-

nosis effects a cure, then it proves that he didn't have a medical problem to begin with.

The news of my arrest brought a remarkable flood of letters, telegrams, and phone calls from former clients—all anxious to testify for me.

Without having to serve a single subpoena, I chose eight from the hundreds who offered help, and they were on hand when, after many delays and postponements, the case finally went to trial in July 1967.

The prosecution case was limited to the testimony of the two undercover agents, the two arresting agents, plus a medical doctor named Stuart Knox. When he took the stand, the following dialogue took place. My attorney asked the questions:

"Doctor, is the practice of hypnotism the practice of medicine?"

"Yes."

"Would you say that overweight is a disease?"

"Yes," he answered.

"If anyone in the courtroom is a couple of pounds overweight, would you say that one is diseased?"

"Yes, because it's abnormal."

"Would you say that anybody overweight at all is abnormal?"

"Yes," he said again.

The significance of Dr. Knox's testimony was obvious, of course, and was supposed to establish that when I hypnotized the two women for being overweight I was practicing medicine. Aside from this ridiculous premise—which suggested that millions of overweight people in the United States were abnormal—the prosecution had not taken a close look at the jurors. Some of them were on the plump side, and I could see them grimace when they heard Dr. Knox assert that they were "diseased."

Dr. Knox, we discovered during the course of his testimony, was a psychiatrist who confessed with some reluctance that he was a member of a medical group which had introduced bills against stage hypnotists at Sacramento year after year. Moreover, when I testified for Senator McAteer's committee in Sacramento, Dr. Knox was also a witness.

"Then you and Mr. Ellen were on opposite sides at those hearings?" Cohn asked.

"Well . . . yes," Dr. Knox admitted.

I'm sure the point was clear.

With one exception, the witnesses for the defense were all people who had come to my office for help.

The first, Mrs. Joyce Whitman, said she had suffered a heart attack and had been addicted to sleeping pills for a year before I helped her break the habit. She was followed by James Dezern, a Beverly Hills businessman who testified that I had helped him clear up an aggravated case of tension, taught him to give up a need for sleeping pills, and had helped him give up cigarettes more than five years before. He is the same man who underwent heart surgery in the case already discussed.

Next came Mrs. Marcelle Timer, an attractive grandmother who had brought her grandson to me when the boy was about sixteen years old. She testified that the boy was a high school dropout, could not communicate with his parents, refused to do any work, and was considered a delinquent in his neighborhood.

With Mrs. Timer present at each of several sessions, the boy was surprisingly cooperative, and eventually I was able to help him soften his attitude toward his parents and school. He was graduated from high school, was now attending college, and had learned to play the guitar with such skill that he was currently recording records.

"Mrs. Timer," Judge James Harvey Brown inquired, "would you say that Mr. Ellen helped this young man?"

"He only saved his life," she replied.

Another witness, daughter of a physician and office nurse for a doctor in the San Fernando Valley, was Mrs. Joy Niehous. She said she had come to me with her father's approval, and that I had not only cleared her of tensions and confusions, but had overcome her addiction to barbiturate pills.

The next three witnesses—each popular in his own field—came from the entertainment world in which I have so many personal friends and clients.

The first was Pamela Mason, former wife of famed actor James Mason, whose television and radio shows have an enormous following in Los Angeles. On the stand, she testified that her life had been one long punishing diet after another because of a compulsion to overeat. She said hypnosis helped her break this destructive habit and added: "Now I can leave the leftovers I was once compelled to eat, and I don't have to clean up my son's plate, too!"

When Judge Brown asked her about my methods, she gave this simple explanation: "He doesn't do anything. All

he does is get you into a frame of mind where you become willing to look into yourself. You then realize you have the strength to discipline your thoughts. If there was anything he said that I thought wasn't of value to me, I wouldn't have done it."

Jack Wells, a television and radio personality who has a vast following in the Southern California area, related how he had consulted me about two personal problems. He was a chain-smoker and he was markedly underweight for a man his size, 6'2".

Hypnoconfidence, he said, not only stopped the smoking habit, but a new perspective on his food consumption raised his weight from 150 to 193—the ideal level for him —and it has remained constant for a two-year period.

The cause of hypnotism was never better served than by these two ambassadors, and the fact that the science has made more dramatic progress in Los Angeles than anywhere else in the world is due to their enthusiasm and their incisive comments on the air.

Another volunteer witness who put his personal reputation on the line—to my happy surprise—was the widely known movie and TV star, Eddie Albert.

As Eddie took the stand, I remembered the day he first revealed his extreme nervousness and apprehension about his impending debut in the nightclub field. He explained that he was tormented with qualms, and said he was so prone to stage fright about this new venture that he expected the act to flop.

Now here he was, raising his right hand in the customary oath, and gazing calmly at the packed courtroom. He looked at the jurors, all of whom had reacted to the famous personality, and told them in detail what hypnosis had helped him achieve.

He had mastered his fears, and had gone into the new stage medium with complete confidence. He said he was no longer chained to sleeping pills and tranquilizers, and said that hypnosis had opened a whole new horizon for him.

My final witness, the top medical expert on hypnosis, and who has a national reputation for his work, was Dr. David B. Cheek of San Francisco. He is an obstetrician-gynecologist, a Fellow of the American College of Surgeons and author of twenty-six professional papers on uses of hypnosis in medicine. He flew to Los Angeles for the final stages of the trial, and testified that he was not only familiar with my long career, but had referred patients to me. He told the

court that he had listened to the tape recording made by the state agents, and heard nothing that would constitute the practice of medicine.

"Mr. Ellen is a fine gentleman," he said. "He knows his work, and I wish there were more like him."

The jury, after four hours of considering the evidence, reported back to Judge Brown that its members were hopelessly deadlocked.

Summoned back to the courtroom, the jurors reported they stood 10 to 2 for acquittal, and were then dismissed by Judge Brown. In polling the jury, I learned that one of the two holdouts told his fellow jurors that his young daughter had been treated by a psychiatrist for two years without any appreciable improvement, and somehow—reflecting the prevailing ignorance about hypnosis—he associated me with the practice of psychiatry.

The outcome was a crushing blow for me. All the witnesses had given a very clear picture of the issues, and in all the accumulated testimony there was no evidence whatsoever of guilt.

The weakness of the state's case was even more palpable when the city attorney's men—his office prosecutes all misdemeanor cases in Los Angeles—offered to drop the case against me if I would agree in writing not to take any future clients unless they were referred by MDs.

I felt that any such stipulation would be tantamount to an admission of guilt—and I refused. I don't ever deal with medical problems.

On August 24, finally convinced that I intended to go on fighting, the city attorney conceded to Judge Harold J. Ackerman that there was not enough evidence to make a second trial worthwhile, and the charges against me were dismissed. A Pyrrhic victory, to be sure, but at least I was free, and the hurtful shadows disappeared.

They may send undercover agents again—but nothing will be changed. I do not practice medicine. I do not "treat," nor do I prescribe. I only teach one how to help himself.

There was one light moment when Nathan Cohn and I started to leave the courtroom that day. The bailiff nudged my attorney and said: "Mr. Cohn, could you please ask Mr. Ellen if I could have one of his cards?"

I heard the request, and found a card in my wallet. I gave it to the bailiff, and the judge saw him put the card in his pocket and smiled at me. I smiled, too—for I could

not help remembering the musician in Atlantic City years before. "Hey, Mr. Ellen," he had said. "You got another one of those crazy cards?"

a summation

WHAT ABOUT TOMORROW?

The future of hypnotism, once an unanswerable question, now seems to be heading for firm ground, offering hope for thousands of people with emotional ills.

It is not yet the final answer, but there will be progress as discriminations are erased.

There is an urgent need for control, for licensing legislation, and a screening process which would filter out the quacks you find in every profession.

I have had clients come to me with these odd requests, among others:

Hypnotize my girl and tell her to get lost. (I told the man: "Suppose you want her back some day?")

Tell my husband he doesn't like any woman except me. (I asked that woman: "Then what will happen to him if you ever decide you don't want him?")

Let's go to the bank. You hypnotize the teller and I'll do the rest. ("If I could do that," I said to this man, "then I don't need you as a partner.")

Hypnotize the jury in my case so they'll let me off. ("If that were possible," I said, "I'd have done it with my own jury—or better yet—with the DA.")

You think I am exaggerating?

Not at all. I have had hundreds of these insidious requests, and there are probably some hypnotists who would take on such clients for a large fee, just as there are doctors who perform illegal abortions or prescribe illegal drugs.

It is not what these nefarious people expect that is appalling, but rather the ignorance among those who believe hypnotism can achieve such villainous ends.

Unfortunate connotations could be eliminated, perhaps, by giving hypnotism a new name, and I might suggest the

word odylism. The word was coined a hundred years ago by a German scientist after he put forth the theory that certain individuals have within themselves a natural force or power which is present in hypnotism and other phenomena. Odylism—it has a pretty sound. Od is from the Greek, meaning sleep.

I am not very hopeful that the world will make the change of name. Old names and habits die hard, and unfortunately an abrupt switch might undo the progress that hypnotism has struggled for centuries to achieve.

But hypnotism or odylism—whichever you prefer—is here to stay, and the signposts are convincing:

S. J. Van Pelt, former President of the British Society of Medical Hypnotists, predicts that hypnotherapy will eventually make it possible for human beings to live two hundred and fifty years. The secret is gland control, he says, an approach most easily achieved in hypnosis.

Hypnotism will be an effective tool in diagnosing character and personality, a method far superior to the personnel tests now used in industry and business. One large Ohio company is already using hypnotism to select job applicants. Hypnotic tests help people face their shortcomings, and make them less prone to defend weaknesses.

Many state legislatures will soon consider model bills to screen and license lay hypnotists. One such bill, which I wrote based on the needs of the profession, will shortly be introduced in the California state legislature.

Childbirth by hypnotism is now an everyday occurrence, and surgeons and dentists are using this ideal anesthetic in many ways.

Hypnotism may eventually replace the long and expensive treatment involved in psychoanalysis. Thousands of case histories offer proof that hypnoregression, often achieved instantaneously, can usually uncover the buried cause of an emotional disturbance.

Many physicians who learned the science from lay hypnotists have become courageous pioneers in helping their patients find health and happiness. These are the men who know that pills, surgery, or other treatment will not cure everything.

And as I write this, Professor George W. Albee of Cleveland, a nationally known psychologist, has told the American Psychological Association that the practice of psychiatry should be eliminated, and the mental

hospitals emptied of patients who are not really sick, because they suffer only from emotional problems originating in unfortunate social experiences in infancy and childhood. He accused the nation's psychiatrists of perpetrating the "illness" theory of abnormal behavior for their personal benefit.

Some of my clients have asked me if I have any religion.

My answer is that I like to think I am more religious than people who make a fuss about it. And I am. I am showing my religion by practicing beliefs which I know are pure—and I hope that is what any religion really intends.

We know that life is just a temporary period, and we have a way of living through it, but we also spoil the good days by developing frustrations. I am getting joy out of life by trying to make the frustrations and complexes into simple things.

This is what hypnotism has done for me. And I hope it can do the same for you.

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